



# kuei luck chinese school

## 快樂中文學校

195-05 69th Ave., Fresh Meadows, NY 11365  
tel 718.679.9908 | fax 718.736.8588 | www.kueiluck.com/chinese

### CHINESE SCHOOL 2011-2011

ACCT (OFFICE USE) \_\_\_\_\_

#### STUDENT INFORMATION:

DATE: \_\_\_\_\_

STUDENT ID (PLEASE FILL IF KNOWN, OTHERWISE LEAVE BLANK): \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY)

SCHOOL: \_\_\_\_\_ CLASS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_-\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_-\_\_\_\_  
(C) (\_\_\_\_) \_\_\_\_-\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



#### EMERGENCY CONTACT:

EMERGENCY CONTACT (FIRST NAME LAST NAME): \_\_\_\_\_

PHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_-\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_-\_\_\_\_  
(C) (\_\_\_\_) \_\_\_\_-\_\_\_\_

#### SCHEDULE ( FOR OFFICE USE ONLY):

##### NEW STUDENT:

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

CLASS: \_\_\_\_\_

##### OLD STUDENT:

LAST YEAR TEACHER/CLASS \_\_\_\_\_



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**ACCOUNTING (FOR OFFICE USE ONLY):**

TUITION INFORMATION

TUITION	_____	\$520
REGISTRATION FEE	_____	\$10
INSURANCE FEE	_____	\$35
DISCOUNT	_____	
OTHERS	_____	
TOTAL	_____	

PAYMENT INFORMATION

CHECK	CASH	
BANK:		_____
CHECK NO.:		_____
RECEIPT NO.:		_____
REGISTERED BY:		_____
ENTERED BY:		_____

**AGREEMENT (NON-NEGOTIABLE):**

I HEREBY GRANT PERMISSION FOR MY CHILD TO ATTEND KUEI LUCK CHINESE SCHOOL HERE IN KNOWN AS 'KUEI LUCK' AND PART TAKE IN THEIR PROGRAM. I GRANT KUEI LUCK THE RIGHT TO TAKE AND USE PHOTOS AND VIDEOS OF MY CHILD FOR PROMOTIONAL PURPOSES. I, THE PARENT OR GUARDIAN OF THE SAID STUDENT, HEREBY AGREES TO REIMBURSE KUEI LUCK FOR ANY AND ALL PROPERTY DAMAGE CAUSED BY THE STUDENT. I UNDERSTAND THAT THERE WILL BE NO REFUNDS AFTER THE PROGRAM STARTS OR FOR A STUDENT WHO HAS BEEN EXPELLED DUE TO DISCIPLINARY ACTIONS. THE PROGRAM DIRECTOR RESERVES THE RIGHT TO DISMISS A STUDENT WHO, AFTER CAREFUL CONSIDERATION AND EXAMINATION, IS DEEMED A HAZARD TO THE SAFETY OR RIGHTS OF OTHERS OR WHO APPEARS TO HAVE REJECTED THE REASONABLE EXPECTATIONS OF THE PROGRAM. I HAVE BEEN FULLY INFORMED, AND AM IN FULL AGREEMENT WITH THE CONDITIONS OF ENROLLMENT.

I AGREE TO PAY A \$25 ADMINISTRATION FEE FOR ALL BOUNCED CHECKS.

IN THE CASE OF AN EMERGENCY IF ANY OF THE LISTED CONTACTS AND EMERGENCY CONTACTS CANNOT BE REACHED, THE DIRECTOR OR ACTING PERSON IN CHARGE OF KUEI LUCK AS WELL AS THE MEDICAL STAFF AT NEW YORK HOSPITAL QUEENS HAS MY PERMISSION TO MAKE DECISIONS REGARDING THE EMERGENCY CARE OR TREATMENT FOR THE STUDENT LISTED ABOVE. I HEREBY WAIVE AND RELEASE KUEI LUCK CHINESE SCHOOL, KUEI LUCK ENRICHMENT CENTER, THE NEW YORK CITY DEPARTMENT OF EDUCATION, TOWNSEND HARRIES HIGH SCHOOL AT QUEENS COLLEGE, QUEENS COLLEGE, THE CITY UNIVERSITY OF NEW YORK AND/OR ITS DESIGNEES FROM ANY AND ALL LIABILITY AND COSTS ASSOCIATED WITH ANY ACCIDENTS AND EMERGENCY CARE. I FURTHER UNDERSTAND THAT I OR MY MEDICAL INSURANCE CARRIER WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES ARISING FROM SAID EMERGENCY OR TREATMENT. I HEREBY CERTIFY THAT I HAVE LISTED ALL MEDICAL CONDITIONS AND ACTIVITY LIMITATIONS ACCURATELY AND TRUTHFULLY. I UNDERSTAND THAT ALL TERMS ARE NON-NEGOTIABLE. IF I FAILED TO SIGN THE FORM BELOW, BY THE STUDENT LISTED ABOVE PARTICIPATING IN ANY ACTIVITIES OR PROGRAMS SPONSORED BY KUEI LUCK IT IS AN AUTOMATIC ASSUMPTION THAT I AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE AND IS CONSIDERED TO BE LEGALLY BINDING.

**PLEASE LIST ANY AND ALL MEDICAL CONDITIONS AND/OR ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE.  
I HEREBY CERTIFY THAT I HAVE READ AND ACCEPTED ALL THE ABOVE CONDITIONS.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE