



kuei luck enrichment center 快樂教育中心

SHSAT REGISTRATION FORM 2010

ACCT (OFFICE USE) _____

YEAR: 2010

STUDENT INFORMATION:



DATE: _____

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

FIRST NAME: _____ LAST NAME: _____

AGE: _____ BIRTH DATE: ____/____/____ (MM/DD/YY)

SCHOOL: _____ GRADE ATTENDING IN FALL 2010: _____

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) (____) ____-____

PROGRAM:

PLEASE CHECK ONE

- TIER I SHSAT *July 6th, 2010 – October 16th, 2010*
- TIER II SHSAT *July 6th, 2010 – August 20th, 2010*
- TIER III SHSAT *August 23rd 2010 – October 16th, 2010*



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ACCOUNTING (FOR OFFICE USE ONLY)

<input type="checkbox"/> TIER I	\$2500.00	+	_____
<input type="checkbox"/> TIER II	\$1600.00	+	_____
<input type="checkbox"/> TIER III	\$1200.00	+	_____
DISCOUNT		-	_____
TOTAL		=	_____

CHECK **CASH**

BANK: _____

CHECK NO: _____

RECEIPT NO: _____

REGISTERED BY: _____

ENTERED BY: _____

AFFIX LABEL

NON-NEGOTIABLE TERMS AND CONDITIONS OF ENROLLMENT: PARENT / GUARDIAN MUST SIGN THE BELOW

I hereby swear that I am the parent or legal guardian of the listed student above, a minor, to participate in Kuei Luck Enrichment Center and all its programs and activities. I grant Kuei Luck Enrichment Center the right to take and use photos and videos of the student listed above for promotional purposes. I hereby agree to reimburse the Kuei Luck Enrichment Center for any property damage caused by the student listed above. I understand refunds are subjected to the director's approval after the start date of camp. I understand that the registration fee is non-refundable. I understand the director or other persons in charge reserves the right to dismiss a student who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of Kuei Luck Enrichment Center. I understand that if the student listed above is dismissed from Kuei Luck Enrichment Center that all fees and tuition assessed are non-refundable. I understand and agree to pay a cash payment of the sum total of \$25 for administration fee if any checks written to Kuei Luck Enrichment Center bounces.

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 Enrichment Center 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 Enrichment Center, The New York City Department of Education, Public School 173 Queens 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 activates or programs sponsored by Kuei Luck Enrichment Center it is an automatic assumption that I agree to the terms and conditions listed above and is considered to be legally binding.

KUEI LUCK ENRICHMENT CENTER IS REGISTERED AND LICENSED WITH THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND IS INSPECTED TWICE YEARLY.

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