



ACCT (OFFICE USE) _____
REG. REF (OFFICE USE) _____

STUDENT BIOGRAPHICAL INFORMATION

DATE: _____

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

FIRST NAME: _____ LAST NAME: _____

AGE: _____ BIRTH DATE (MM/DD/YY): ____/____/____ GENDER (CIRCLE): M F

SCHOOL: _____ GRADE ATTENDING IN FALL 2020: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: (H) (____) ____-____-____ (W) (____) ____-____-____
(C) (____) ____-____-____

STUDENT EMAIL ADDRESS: _____

PARENT EMAIL ADDRESS: _____

H

EMERGENCY CONTACT INFORMATION (DIFFERENT FROM ABOVE)

EMERGENCY CONTACT (FIRST NAME LAST NAME): _____

PHONE NUMBER: (H) (____) ____-____-____ (W) (____) ____-____-____
(C) (____) ____-____-____

PROGRAM (FOR OFFICE USE ONLY)

- SHSAT 7TH GRADE COURSE – NOVEMBER 17TH 2019 – JUNE 21ST 2020 - \$1,600 (Prorated Tuition: _____)
- SUMMER + FALL SHSAT COMBO – JULY 6TH – OCTOBER 18TH 2020 - \$3,150
- SPRING + SUMMER + FALL SHSAT COMBO – APRIL 19TH – OCTOBER 18TH 2020 - \$3,950
- SPRING CONTENT PRIMER \$850 SUMMER COURSE \$2675 FALL MOCK & REVIEW \$875

ACCOUNTING (FOR OFFICE USE ONLY)

COURSE TUITION	+ _____	CHECK	CASH
DISCOUNT	- _____	BANK: _____	
TOTAL	= _____	CHECK NO: _____ CHECK AMT. _____	
		RECEIPT NO: _____	
		REGISTERED BY: _____	
		ENTERED BY: _____	
		REFERENCE NO: _____	



TUITION & WITHDRAWAL POLICIES

Withdrawal Policy

1. **Prior to 6/1/2020** – Full refund less \$100 processing fee*
2. **Prior to program start** – 50% refund
3. **After program start – no refunds**
4. Students signed up for multiple courses can receive partial refund for portion of the program that has not yet begun; however, withdrawal will also void any Combo pricing. For example, if a student enrolled in Summer+Fall withdraws after the start of Summer but before the start of Fall course, student will owe entire full-price of Summer tuition, but can receive a refund for Fall program, less \$100 processing fee.
 - Processing fee will be waived if refund is applied to other programs.
 - All credits expire one year from issue date.
 - **All refund checks will take 2-4 weeks to process**

Tuition Policy

Payment must be received prior to students attending classes. Students will be prevented from attending classes if payment has not been made. Further, if payment is not made, your child risks the chance of losing his/her spot in the class/ Full payment must be received by discount date in order to benefit from discount.

To be eligible for an Early Bird or Super Early Bird Discount, payment must be received in full before date at which discount expires.

TERMS AND CONDITIONS OF ENROLLMENT

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 understand all services provided by Kuei Luck Enrichment Center is not and does not guarantee admission to any schools or programs. I grant Kuei Luck Enrichment Center the right to take and use photos and videos of the student listed above, as well as the student's first (given) name, 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 other 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.

In the event of any claim, controversy or dispute arising out of or relating to this Refund Policy or the breach thereof, Kuei Luck Enrichment Center, Inc. shall be entitled to recover its reasonable attorneys' fees and costs if it prevails on all of the claims, or most of the claims asserted.

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

PARENT / GUARDIAN SIGNATURE

DATE