

# KUEI LUCK

## ENRICHMENT CENTER

### NY ELA & MATH STATE EXAM TEST PREP CRASH COURSE

ELA SESSION DATE: FEB 17, 2020 – FEB 21, 2020 (MIDWINTER RECESS)

MATH SESSION DATE: APR 13, 2020 – APR 17, 2020 (SPRING RECESS)

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: \_\_\_\_\_ READING LEVEL: \_\_\_\_\_

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

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

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

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

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

# R

#### PROGRAM

- ELA (Midwinter Recess)
  - Extended Hour
  - Transportation
- Math (Spring Recess)
  - Extended Hour
  - Transportation

### EMERGENCY CONTACT

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

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

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### MEDICAL INFORMATION

PLEASE LIST ANY KNOWN ALLERGIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ACCOUNTING (FOR OFFICE USE ONLY)

TUITION	_____ X \$550.00/COURSE	+	
DISCOUNT	EARLY	-	
	10% COMBO	-	
TRANSPORTATION	_____ X \$40.00/COURSE/WAY	+	
EXTENDED SERVICE	\$100 /SESSION	+	
TOTAL		=	

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



## **TUITION & WITHDRAWAL POLICIES**

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### Withdrawal Policy

1. **Two weeks prior to the start of the program** - Full tuition is refundable less a \$50 processing fee for each course\*. No refunds thereafter.

\* Processing fee will be waived if refund is applied to other programs.

\* All credits expire one year from issue date.

### 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.

## **AGREEMENT (NON-NEGOTIABLE)**

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I hereby swear that I am the parent or legal guardian of the listed student above, a minor, and that I give consent to the listed student above to participate in Kuei Luck Enrichment Center (KLEC) and all its programs and activities. I grant KLEC 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 KLEC for any 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. KLEC programs do not guarantee results on any exams, report card grades, or admission to any schools.

I agree to pay a \$25 administration fee for all bounced checks. I understand and agree that a late fee of \$1.00 per minute will be charged if I pick up my child past the pickup time.

I authorize KLEC and all its' staff to act accordingly to their best judgment in any emergency requiring medical attention. I hereby waive and release KLEC and/or its designees from any and all liability and costs associated with the program. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment.

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

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

\_\_\_\_\_  
DATE