



奥斯丁中文教育服务中心
Austin Chinese Education Services
Chinese School 2010-2011
After school Program Enrollment Form

For ACES Use Only

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amt \$	_____	ck # _____
date in :	_____	
office initials:	_____	

Student Name (English/中文): _____ **Sex:** _____
 (Last) (First) (Middle)

Student Current School: _____ **Grade:** _____

Mailing Address: _____ **Home Phone:** _____

Student Proficiency level of Mandarin Chinese (None/Some/Good):
 Speaking _____ Listening _____ Reading _____ Writing _____

Has your child ever learned Chinese before? Yes _____ No _____

If yes, please answer the following questions:

1). How many years has your child learned Chinese _____

2). Which textbook has your child ever used?

_____ 马立平/册数 _____ 暨南大学/册数 _____ 标准中文/册数 _____ 其他/册数

Do you need help on transportation? Yes _____ No _____

Mother's Name: _____ **Email:** _____

Work Phone: _____ **Cell Phone:** _____

Father's Name: _____ **Email:** _____

Work Phone: _____ **Cell Phone:** _____

Emergency Contacts and/or authorized pick-ups

Name: _____ **Phone:** _____ **Work/Cell Phone:** _____
Emergency Contact: Yes No **Authorized to Pick-up:** Yes No

Name: _____ **Phone:** _____ **Work/Cell Phone:** _____
Emergency Contact: Yes No **Authorized to Pick-up:** Yes No

Name of Student Physician: _____ **Phone:** _____

Parent statement of agreement

- I understand that I am not to leave my child at the ACES site unless there is a ACES staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Only adults (over 18 years old) can be authorized to pick up the child.
- I understand that I will be charged a late fee if I fail to pick up my child before 5:45pm or before 4:35pm if your child attends "Mon.,Wed., Fri. only classes". The late fee will be \$5 per day, but no more than \$50 per month.
- Authorization: In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper medical services. I hereby release Austin Chinese Education Services and its staff and aides from all action that may arise from such medical services.
- I understand and acknowledge that the ACES does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility. I further understand that neither the ACES nor its workers can be held responsible in the event of accident .

X _____
Signature of Parents/Guardian

Date

Fees:

- After School Chinese classes (Mon.,Wed. & Fri. Chinese classes only)
\$90 /Month, \$25 for August
- After School Chinese classes (Mon.,Wed. & Fri. only with two hours stay)
\$140 /Month, \$40 for August
- After School Chinese classes (Everyday)
\$215/Month, \$60 for August
- After School Art classes
\$40/Month, \$10 for August

Registration Fee: \$35

The registration Fee is waived for all children if you register and pay the Aug. and Sep. tuition before Aug. 10, 2010.

Cancellation and Tuition Policy:

- Cancellations must be requested at least ten days prior to the start of the classes for which a student is registered to be eligible for a full refund and less than Ten Days to be eligible for a 50% refund. No refund will be given after the classes start. The registration fee is not refundable.

Total: _____

Please make check out to ACES to:

ACES
13581 Pond Springs Rd. Suite 200
Austin, TX 78729