



奥斯丁中文教育服务中心  
**Austin Chinese Education Services**  
**2012 Summer Enrichment Classes**  
**Enrollment Form**

**For ACES Use Only**

dep?    Y        N
amt \$ _____ ck # _____
date in : _____
office initials: _____

Student Name : \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last)                      (First)                      (Middle)

Student Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

COURSE #	COURSE TITLE	FEE
<b>If you enroll SAT intensive workshop, please check the following:</b>		
<input type="checkbox"/> July 2 – July 6	Fee: \$205	<input type="checkbox"/> July 9 – July 13
<input type="checkbox"/> July 16 – July 20	Fee: \$255	<input type="checkbox"/> July 23 – July 27
<input type="checkbox"/> July 30 -- Aug.3	Fee: \$255	<input type="checkbox"/> Aug.6 -- Aug.10
<input type="checkbox"/> Aug.13 -- Aug.17	Fee: \$255	<input type="checkbox"/> Aug.20 -- Aug.24
<b>How to register for SAT/PSAT Intensive Workshop:</b>		
<ul style="list-style-type: none"> <li>Enrollment is on weekly basis.</li> <li>Select number of weeks you want to register and mark those weeks on the check box. The minimum 2 weeks enrollment is required.</li> <li>Special discount: \$30 off per week if you enroll 4 weeks or more.</li> <li>Students need to show us their SAT or PSAT score or come school before the first class to take a diagnostic test to help us to place the student into a right class.</li> </ul>		
<b>MAKE CHECKS PAYABLE TO: ACES</b> <b>Mail the form with your checks to: ACES</b> 13581 Pond Springs Rd. Suite 200 Austin, TX 78729		<b>TOTAL FEE</b>

**REFUND POLICY:** Refunds will be made if

1. There is insufficient enrollment in a class (less than 8 students).
2. 100% refund for requesting in 7 days before a class starts.
3. 50% refund for requesting in less than 7 days before a class starts.
4. No refund for requesting after a class starts.

**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.
- 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.

X \_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Date