



奥斯丁中文教育服务中心
Austin Chinese Education Services
Chinese School 2011-2012
Weekend 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

Phone: _____ **Email:** _____

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.
- ❑ 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:

\$135 for two hours Chinese classes

\$90 for Art or Chess classes

Total: _____

Please make check out to ACES to:

ACES

13581 Pond Springs Road Suite 200,

Austin, TX 78729