



奥斯丁中文教育服务中心
Austin Chinese Education Services
 中文学校 (Chinese School)
2011 Summer Camp 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 _____

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 6:00pm. The late fee will be \$5 per 30 minutes.
- 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.

Select Session(中文/英文):

All-day Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$175	<input type="checkbox"/> June 13 – June 17	Fee: \$175
<input type="checkbox"/> June 20 – June 24	Fee: \$175	<input type="checkbox"/> June 27 -- July 1	Fee: \$175
<input type="checkbox"/> July 5 – July 8	Fee: \$140	<input type="checkbox"/> July 11 – July 15	Fee: \$175
<input type="checkbox"/> July 18 – July 22	Fee: \$175	<input type="checkbox"/> July 25 – July 29	Fee: \$175
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$175	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$175

Morning Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$115	<input type="checkbox"/> June 13 – June 17	Fee: \$115
<input type="checkbox"/> June 20 – June 24	Fee: \$115	<input type="checkbox"/> June 27 -- July 1	Fee: \$115
<input type="checkbox"/> July 5 – July 8	Fee: \$95	<input type="checkbox"/> July 11 – July 15	Fee: \$115
<input type="checkbox"/> July 18 – July 22	Fee: \$115	<input type="checkbox"/> July 25 – July 29	Fee: \$115
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$115	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$115

Afternoon Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$115	<input type="checkbox"/> June 13 – June 17	Fee: \$115
<input type="checkbox"/> June 20 – June 24	Fee: \$115	<input type="checkbox"/> June 27 -- July 1	Fee: \$115
<input type="checkbox"/> July 5 – July 8	Fee: \$95	<input type="checkbox"/> July 11 – July 15	Fee: \$115
<input type="checkbox"/> July 18 – July 22	Fee: \$115	<input type="checkbox"/> July 25 – July 29	Fee: \$115
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$115	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$115

Select Session(中文/Chess):

All-day Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$175	<input type="checkbox"/> June 13 – June 17	Fee: \$175
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$175	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$175

Morning Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$115	<input type="checkbox"/> June 13 – June 17	Fee: \$115
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$115	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$115

Afternoon Session:

<input type="checkbox"/> June 6 – June 10	Fee: \$115	<input type="checkbox"/> June 13 – June 17	Fee: \$115
<input type="checkbox"/> Aug.1 -- Aug.5	Fee: \$115	<input type="checkbox"/> Aug.8 -- Aug.12	Fee: \$115

Registration Fee: \$35

The registration Fee is waived for all children if you register before April 30, 2011 or register four or more sessions. The fee, applied to tuition, is required at registration.

Payment:

In order to help us better our arrangement of our resources, full payment for each session must be received 7 days before the start of each weekly session. Payments received late are subject to a \$20 late fee, per week, per child.

Cancellation Policy:

Cancellations must be requested in Ten days prior to the start of the Camp 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 session start. The registration fee is not refundable.

Special Discount:

Each additional sibling after the first child receives a 5% sibling discount. The discount doesn't apply to Registration Fee and Late Fee.

X _____
Signature of Parents/Guardian Date

Total: _____

Please make check out to ACES to:
ACES
13581 Pond Springs Rd. Suite 200
Austin, TX 78729