



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 : _____ 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: _____

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.

Select Session:

<input type="checkbox"/> Session I	Fee: \$295	<input type="checkbox"/> Session II	Fee: \$295
<input type="checkbox"/> Session III	Fee: \$295		

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.

X _____
Signature of Parents/Guardian Date

Total: _____

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