



Student Enrollment Form

First Name	MI	Last Name	Home Phone Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current School	Grade (to be)	Date of Birth	Gender	e-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Immunization records and screening for Vision & Hearing are at School			
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
City	State	Zip Code	Any Special Needs	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Name of the Parent or Legal Guardian

Relation to Child	Relation to Child
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Day Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Contact First in case of Emergency	<input type="checkbox"/> Contact First in case of Emergency
Authorized to pick up child	Authorized to pick up child
<input type="radio"/> Authorized	<input type="radio"/> Authorized
<input type="radio"/> Not authorized (Provide copy of court documentation)	<input type="radio"/> Not authorized (Provide copy of court documentation)

Any other Adults authorized to pick up Child and / or to be contacted in case of Emergency

Relation to Child	Relation to Child
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Day Phone Number	Cell Phone Number
<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Contact First in case of Emergency	<input type="checkbox"/> Contact First in case of Emergency

Authorization for Emergency Medical Attention

Student's Physician First Name	Last Name	or Preferred Clinic Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Student is covered under medical insurance policy from Insu. Co.		<input type="text"/>	Pol. # <input type="text"/>
Policy Holders Name	DL #	Soc. Sec. #	<input type="text"/>

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant. I understand that Ace Academic Enrichment Center, its owners, teachers and staff does not assume any financial responsibility for any treatment nor is responsible for any incidents / accidents that might occur while my child is at the facility.

Signature of Parent or Legal Guardian _____ **Date** _____



Summer '08 Program Registration

ACE Summer Camps / Workshops / Programs

- Summer Program Fees \$135 per week** (minimum of 8 weeks required) Field Trips * Fees \$ _____

Please specify weeks signing up for _____

- Piano Lessons * Fees \$80 / 4 Wks
- Summer / Fall Semester **Supply Fees of \$50**, for current ACE Students
- Reg. Fees of \$50 and Supplies Fees of \$50, applicable if not registered with ACE for the current school year.
- 5% Sibling Discount for All Day program

Additional Fees for those who cannot meet 8 week minimum requirement

- iKids Inc.* * Fees \$15.00 per week Tae Kwon Do * * Fees \$15 / week
- Arts & Crafts * * Fees \$ 10.00 per week Pottery * * Fees \$20 per week

- Continuing in ACE for Fall Semester** **How did you hear about ACE?** _____

ACE Program Agreement

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following. The ACE Program is a place for all children to learn, have fun and feel good about themselves. We want to help students do better in school and learn to cooperate with others.

FEES: YOU WILL BE INVOICED FOR THE NUMBER OF WEEKS 'SIGNED UP FOR' plus any additional fees as opted above.

Payments are due upon receiving the Invoice. If we have not received payment for the week, starting Wednesday a late fee of \$10 per week will be charged, and will appear in the following Invoice. Fees for Camps / Workshops / Enrichment Classes are due the first day of the program. If we have not received payment for the program by the second week, a late fee of \$10 per week will be charged, and will appear the following Invoice.

LATE PICK UP FEES: If the child is not picked by 6.35 pm, ACE will charge \$1 / minute

REGISTRATION and SUPPLY FEES are non-refundable.

BASIC INFORMATION AND RULES

ENROLLMENT: Enrollment is limited. Our hope is to have enough room for all children wishing to participate in the ACE Program. After receiving all your completed forms, the Site Director will call to let you know if your child will be in the program and the day for them to begin.

STUDENT PICK-UP: Children participating in ACE must be signed out by you or someone chosen by you (for instance, a relative, friend). Your child must be picked-up promptly at the end of ACE program. If your child has not been picked-up by the end of the program, ACE staff will try to contact you and/or those individuals designated as emergency contacts.

DISCIPLINE: Participation in the ACE Program is a privilege. A child must follow the rules of the program. We will involve you in the process. Disruptive or disrespectful behavior toward other students or ACE staff is reason for dismissal. We encourage you to discuss concerns about your child's behavior with the Site Director.

PARENTAL SUPPORT: Though our ACE program staff is committed and qualified, your help is needed to make ACE the very best it can be. You are an important partner in our program's success, and we encourage your involvement.

PARENTAL CONSENT FOR FIELD TRIPS: My signature below gives my consent for my child to participate in programs as indicated above, to be supervised and transported by ACE Staff on Field Trips including water activities, in case of emergency and from school if applicable.

I have read and understand all of the information above. I agree to follow all of the rules and help my child understand and follow the rules. I want to have my child, _____, participate in the ACE program.

Parent / Guardian Signature

Date