

# Test Prep Readiness

Registration 2010-2011

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male

Female

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade in September: \_\_\_\_\_

Current School: \_\_\_\_\_

School Street Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# Emergency Contact/Authorized Pick-Up Information

## Contact #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

# Enrollment Information

## Select the Appropriate Rate Optional Additions

	Rates	
<b>Small Group</b> <ul style="list-style-type: none"> <li>September 18, 2010 – October 30, 2010 (every Saturday)</li> <li>Grade: 5-8</li> <li>Regular Hours: 9:30a.m. – 1:30p.m.</li> </ul>	<input type="checkbox"/> <b>Early Bird - \$665</b>	Register prior to September 10, 2010 and save on the regular pre-pay rate for the first 3-months
	<input type="checkbox"/> <b>Pre-Pay - \$695</b>	Regular pre-pay rate
<b>1-to-1</b> <ul style="list-style-type: none"> <li>September 18, 2010 – October 30, 2010 (every Saturday)</li> <li>Grade: 5-8</li> <li>Regular Hours: 9:30a.m. – 1:30p.m.</li> </ul>	<input type="checkbox"/> <b>Early Bird - \$665</b>	Register prior to September 10, 2010 and save on the regular pre-pay rate for the first 3-months
	<input type="checkbox"/> <b>Pre-Pay - \$695</b>	Regular pre-pay rate
<b>Additions</b>	<input checked="" type="checkbox"/> <b>Snacks are included with registration</b>	

# Payment Information

Payment Information: All payments must be made in full prior to the start of the program. Checks should be made payable to **ACLC** with the child's name in the memo line. Payments must be received within 5 business days of submission of the enrollment form. The enrollment form will not be processed until payment is received. Mail to: **ACLC, 1107 Washington Street, Dorchester, MA 02124**

<b>Payment Method</b>	<input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
<b>Credit Card Number/Check Number</b>	_____
<b>Expiration Month (XX)</b>	_____
<b>Expiration Year (XXXX)</b>	_____
<b>Credit Card CCD (3 digit number on back of card)</b>	_____
<b>Zip Code of Card's Billing Address</b>	_____
<b>Name As It Appears On Credit Card</b>	_____

## Enrollment Agreement

- I understand that it is my responsibility to bring any special concerns about my child to the director's attention upon registration.
- ACLC reserves the right to withdraw any child when, in the director's judgment, the child's and/or family's behavior interferes with the rights and/or safety of others, the smooth functioning of the program, or violates the program's principles of conduct.
- During the After School Program, staff members and/or professional photographers take photos and videos for marketing purposes which may include the child(ren) listed on this registration form. Parents/guardians may refuse any or all commercial use of photos and videos related to specific children, provided that a written request is received by the director prior to the start of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date