

ASPIRING LEADERS ENRICHMENT CENTER LEADERS AFTER SCHOOL REGISTRATION FORM

STUDENT ID#

Date:

(Rev.06.2017)

Student: M () F ()		Parents Name	Home Address / Parent's Email
Name:			Address:
Date of Birth: / /			Email:
School/Grade		Parent's Cell Phone#	Emergency Contact & Physician's phone#
School: _____		() _____	Dr. _____ Phone# _____
Current Grade: _____		() _____	In case parents are not available, contact:
		() _____	Name Phone
Payment (office use only)		Allergies & Medical Condition	Pick Up Person Authorized by Parent
			Name Address Tel#
Tuition & Fees		We do not administrate medication including lotion to our student	
Check #			
Adjustments			
Program			Parent /Guardian Consent
Tuition & Fees	Amount	Note	By signing this form, I hereby agree to the terms & conditions listed in the section below as well as on our website. I agree to relieve Aspiring Leaders Enrichment Center, Leaders after school, herein referred to as "ALEC", "Leaders" or "LAS," of its officers, staff or volunteer of all liability/responsibility for any mishap(s) resulting from providing care to my child. I further consent that I will not hold Leaders after school, and its affiliates, Aspiring Leaders Enrichment Center liable. I will not engage in any litigation against "Leaders after school or ALEC" and its officers, staff & volunteer concerning my child's well being. I assure Leaders after school that my child is in good health and has no pre-existing medical conditions that prevents him/her from participate in gym or playground activity. I give permission for any pictures and videos taken of my child during program activities to be used in forms of print or digital by ALEC for informational, advertising/promotional or training purposes. I have read & understand this waiver clause; I am the parent or legal guardian with legal power to sign this document for the registering child.
Registration Fee	\$50	One-time only	
Return check Fee	\$30	Plus late fee (see below)	
Half Days/ Early Dismissal	\$25	Optional service Separate billing	
Late pick up fee	\$15/per half hour	Min. half hour	
Semester Plan* Sept.-Jan./Feb.-June	\$1950	Due before end of first week of Sept /Feb	
Monthly Plan	\$425	Due before / on the first day of the month	
Weekly Plan	\$145	Due before / on the first day of the week	
Daily Plan	\$32	Prepaid	
Total:			
*2 nd . Child from the same family will receive a \$250 discount—Semester plan only. *Semester plan only available in September or February.			
*** Please make checks payable to "ALEC" *** (Aspiring Leaders Enrichment Center)			
<<Payment are due before program start, or late fee may apply>> \$10 late fee for past the first week of semester plan or monthly plan, additional \$20 for payment made past 2 nd week. Leader After School reserve the right to discontinue its service to the child if parent repeatedly late for payments. Twice in any 3 consecutive month for monthly plan, or owe over a week for weekly/daily plan,			
Name _____ Sign _____ Relationship to child _____ Date _____			
Terms & Conditions			
1. Registration fee are not refundable. 2. Refund request need to be made in writing or email, refund processing fee \$30/per child. No refund for requests made in the 4 th week of the month on a monthly plan, or 2 nd week of the last month for semester plan. No refund for weekly program. 3. No refund or credit will be given for sick day or stay home due to disciplinary reason or absent for family/personal or other reasons, except for daily plan, non-disciplinary absent, credit will be given. 4. Registration is not complete without payments and Parent's/Guardian's signature above.			
Note:			

45-52 193 street, Flushing NY 11358

www.LeadersSummerCamp.com LeadersSummerCamp@gmail.com
 Registration appointment please call (917) 567-4737 or (718) 357-6524