



ACLS Registration Form

Please print out this form, fill in all the required information, and bring it to one of the registration sessions with a check payable to ACLS. Thank You.

New Student Existing Student For existing student, Please provide Family ID: _____

Parent/Guardian (Student under age 18 must provide this information):

1. First Name _____ Last Name _____ Gender: M___ F___

2. First Name _____ Last Name _____ Gender: M___ F___

Home Phone _____

Parent/Adult Student E-mail Address: _____

Street: _____ Town _____ State _____ Zip _____

Emergency Contact Person _____ Emergency phone _____

Student:

1. First Name _____ Last Name _____ Gender: M___ F___ Date of Birth _____

Language Class _____ Tuition \$ _____

Culture Class _____ Tuition \$ _____

Parent-on-duty deposit (New Student Only) \$ _____ **Total Amount \$** _____

2. First Name _____ Last Name _____ Gender: M___ F___ Date of Birth _____

Language Class _____ Tuition \$ _____

Culture Class _____ Tuition \$ _____

Parent-on-duty deposit (New Student Only) \$ _____ **Total Amount \$** _____

ACLS liability and responsibility agreement:

1. I agree to take full responsibility for the safety of myself and all members of my family while attending ACLS. I will not hold ACLS liable for any personal injury or any personal property damage, which may occur in the premise during school time.
2. I agree to take full responsibility for any damage caused by me, or by any members of my family to the facilities used by ACLS during school time.
3. I agree to take full responsibility for my child(ren) to obey ACLS rules during school time.
4. I agree to provide voluntary service to ACLS coordinated by the ACLS school parent committee during ACLS school time.
5. I give permission to ACLS to take photographs/videos of my child(ren) and to use them in publicity if they so desire.

Adult student/Parent/Guardian **Signature:** _____ Registration Date: _____

The following area is reserved for ACLS administration use only:

Language Class:

Culture Class:

Accounting: Check # _____ Amount \$ _____ Receiver Initial _____