**Asian Cultural Exchange (ACE) Center**

**2015 Summer Rhythmic Gymnastics Summer Program Registration**

**Child’s Name (English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_ M/F\_\_\_\_\_\_  
Child’s Name (Chinese)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Language\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parents Emails\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Concern \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Entering Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Dates:** 7/20 - 7/24\_\_\_ 8/10 - 8/15\_\_\_

**Weekly Tuition:** $450 before 6/1/2015. $500/ after 6/1/2015

(8:30 am – 6 pm)

**Sibling Discount:** 10% (after the first child)

**Refund Policy:** Tuition is non-refundable after the first day of the weekly program unless there is a medical reason/condition with a doctor’s note.

Please check the week(s) you would like to attend and make your check payable to Angel Performing Arts and mail the registration form and check to:

Asian Cultural Exchange (ACE) Center

898 Main St. Unit A

Acton, MA 01720

**RELEASE:** I hereby absolve ACE Center staffs and all related agents of all responsibilities for injury or illness to the above student and hold the above parties and their agents harmless from all claims. All students participate at their own risks.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature (Parent or Legal Guardian) Date**