



JAC 2022 Registration Form

# Jeng Academic Center, Inc. 2022 Program Registration Form

Student Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_ Current Grade \_\_\_\_\_

Home Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work/Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Selected Course:**

Course Number	Tuition	Course Number	Tuition
How did you learn about JAC?		<input type="checkbox"/> I was referred by a friend: _____ <input type="checkbox"/> I found JAC through Internet search: _____ <input type="checkbox"/> Facebook or other social media: _____	

**Class Cancellation/Reschedule:** JAC reserves the right to cancel or reschedule a class for any reasonable cause. Should this happen, you will be notified before the class starts.

**Insurance:** JAC provides basic facility liability insurance for its participants. It is the responsibility of every JAC participant, their parents or legal guardian to provide for their own accident and medical insurance coverage.

**Payment:** Payments are due by the 5th of each month or as stated on the statement. A late fee of \$25.00 per month will be incurred to delinquent payment. Please make checks payable to JAC (Jeng Academic Center). **Medical Treatment:** I hereby give permission for my child to receive emergency medical treatment by a medical personnel in the event that I cannot be contacted.

I have read and understand the above information and have completed this form to the best of my ability.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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