Asian American Cultural Center

Where East meets West

The Magic Dragon Preschool

EARLY CHILDHOOD ENRICHMENT PROGRAM

Child's Name: _____ _____
(First Name) (Last Name)

Date of Birth: _____ Gender: ____
(M/F)

Parents' Name: _____ _____
(Mother) (Father)

Address: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Start Date: _____

(Full Day: 8:00 am-5:45 pm)
Full Day, Mon / Tue / Wed / Thurs / Fri, (Please circle the desired days and time)

Payments Due:
The following fees are due now in order to complete your registration:
Deposit: (will be refunded with 30 days notice) $100 =_____
Registration Fee: $25 =_____
Tuition: (see fee schedule) x Discount* =_____
Early drop off at 7:30 am =_____
($30 for 3 days, $40 for 4 days, or $50 for 5 days for each month)
Make checks payable to AACC Total = _____

After-Hour extended is $1 per minute.
**Discount: 2 or more children enrolled- 5% on each child*

Fee Schedule:

0-11 months

Full Day Tuition
__5-day, $1495/mo
__4-day, $1275/mo
__3-day, $1035/mo

12-23 months

Full day Tuition
__5-day, $1405/mo
__4-day, $1195/mo
__3-day, $975/mo

24 months and up

Full day Tuition	Extra Day Tuition
__5-day, $1355/mo	**0-11 months Extra Day:$90**
__4-day, $1145/mo	**12-23 months Extra Day:$85**
__3-day, $915/mo	**24 months and up Extra Day:$80**

Most families pay in 10 equal installments; however, you may choose to pay in full on August 1 or make two equal payments in August and January. Please note that tuition is based on an annual ten-month basis, August to May. Monthly charges do not reflect actual days of the month but are divided equally throughout the school year. For summer camp Jun and July can be paid monthly or weekly accordingly.

Asian American Cultural Center Where East meets West
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2026-2027 Registration

The AACC-TMD reserves the right to cancel any class or activity in which case a full refund will be made. Minimum and maximum registration numbers apply. **Registration** is not complete until forms and payment are submitted.

All programs end at a specified time. A charge will be due upon late pickup.

Medical treatment may be provided in the event of an emergency. Participation in any AACC-TMD sponsored activity and use of any recreational facilities involves a risk of accidental injury. Despite safety precautions. Having been informed of the activities to be conducted by the AACC-TMD, I/we as an individual or as a parent or guardian of the participant named herein, assume all risks and hazards to the activities, and release from responsibility and agree to indemnify and hold harmless, the AACC, its officers, directors, independent contractors, volunteers and all employees, for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the AACC.

I agree to abide by the policies set by the AACC_TMD.
I agree to be responsible for payment of all fees due the AACC_TMD. I understand that failure to make payments as required will result in termination of service after 15 days overdue.
I plan to pay my tuition:
____Annually
____Bi-annually
____Monthly, on the 1st
If paying monthly, a $25 late fee will be charged if tuition fee is not received by the 5th of the month.
I **understand** that the AACC-TMD will be closed for Thanksgiving; Winter Break, and major holidays (New Year's Day, Memorial Day, Independence day, Labor Day, etc.).

Signature of Parent or Guardian:

_____