REGISTRATION FORM

PARENTS/GUARDIANS INFORMATION家長

English Name:	Chinese Name:中文姓名						
Address:		Home Phone :					
City:	Zip:	Business Phone:					
E-mail:	Cell Phone:						
STUDENT INFORMATION							
English Name	Chinese Name	Birth date	F/M	Fees *			
英文姓名	中文姓名	生日	性別	費用			
1 st Child				\$230			
2 nd Child				\$200			
3 rd Child				\$170			
Book and Supply Fee (Each child)				\$50.00 (EA)			
Total							

*Fees cover one 15-week (one semester), 2 hours per class session. Tuition costs per Semester, 15 weekly

* classes are as follows:

1st child \$230

2nd child discount \$30

Book & supply \$50 per year per student

Prorated tuition can be refunded if student withdraws from the program before the end of the first month. A \$100 early withdrawal penalty will apply. No tuition refund will be given after 4 classes. Registration fees are non-refundable.

A \$30 discount is available for students that pre-pay for the full year. In the case of an early withdrawal, the \$30 discount will be deducted from the refund in additional to the early withdrawal penalty.

□ I give permission for my child's pictures to be used for school promotion.

FOR NEW STUDENTS ONLY (新生請填寫。舊生免填)

(1) Have you ever been to any School, name? Yes No

What level of Chinese textbook studied?

(2) Does student speak or understand Chinese?
□ Mandarin □ Cantonese □ Other

Please notify the school immediately of any changes of information on this form. In the event parents or designated physician cannot be reached, personnel of the school are authorized to use their discretion to secure medical aids. I agree to indemnify and hold harmless the Mei Hua Chinese School, school board, director, officers, teachers, and agents from any liability, claims, or action arising out of participation in the classes or activities.

EMERGENCY CONTACT INFORMATION

Parent's/guardian's Name	Home Phone						
(with whom student resides)							
Father's/Guardian's Name	Work#	Cell Phone					
Mother's/Guardian's Name	Work#	Cell Phone					
If Parent/guardian cannot be contacted, please contact:							

1) Student Name				Birth date	Class	
1) Student Name	Last	First	MI			
Physician			Phone		Hospital Preference	
Allergies			Regular I	Medications	Hospital Preference	
Chronic Illness/Disabilities				Eye Glasses() Contact Lens()		
Recent Injuries/	'Surgeries	(within	last year)_			
Other past injur	ies, Illnes	ses or lii	nitations t	hat the school s	hould be aware of	
2) Student Name				Birth date	Class	
	Last	First	MI			
Physician			_Phone _		Hospital Preference	
Allergies			Regula	r Medications_		
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Chronic Illness/	Disabiliti	es	1	Eye	e Glasses() Contact Lens()	
Other past injur	ies, Illnes	ses or lii	nitations t	hat the school s	hould be aware of	
2) Student Nome				Dinth data	Class	
3) Student Name_	First	MI		Birth date	Class	
			Dhono		Hagnital Professona	
			_Phone _	r Madiantiana	Hospital Preference	
Allergies			Kegula	ir Medications_		
Chronic Illness	Disabiliti	95		Ene	Classes() Contact Lens()	
Recent Injuries/	Surgeries	uvithin	last year)	£y¢	e Glasses() Contact Lens()	
					hould be aware of	
Other past hiju	ies, miles	ses or m	manons t	hat the senoul s		

PARENT/GUARDIAN, PLEASE READ AND SIGN BELOW:

Please note that in order to provide a safe and healthy environment for your child, this information will be available to the following people: Principal, nurse, teachers, and authorized volunteers.

As a parent or legal guardian, I authorize a licensed physician to examine the above named student and in the event of injury to render such emergency care as she/he deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. I understand that every reasonable effort will be made to transport the above named student to the most accessible hospital or doctor. .

Date_____Signature__

(Mother/Guardian)

(Father/Guardian)

美華中文學校 Mei Hua Chinese School

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Mei Hua Chinese School Mailing Address: P.O. Box 28494, Bellingham, WA 98228 HYPERLINK "mailto:info@meihuaschool.org" \t "_blank" <u>info@meihuaschool.org</u>

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