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				\$280
2 nd Child				\$250
3 rd Child				\$220
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 \$280

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
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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				
Father's/Guardian's Name	Work#	Cell Phone				
If Parent/guardian cannot be contacted, plea	ise contact:					
NameF	hone#(s)					
MEDICAL INFORMATION:						
1) Student Name Last First MI PhysicianPhone AllergiesRegular M	Birth date	Class				
Last First MI						
Physician Phone Phone Phone	Hospital	Preference				
Anergies Regular 1						
Chronic Illness/Disabilities Recent Injuries/Surgeries (within last year)	Eye Glasses() Contact Lens()				
Recent Injuries/Surgeries (within last year)_						
Other past injuries, Illnesses or limitations the	hat the school should be	aware of				
2) Student Name	Birth date	Class				
Physician Phone	Hospita	1 Preference				
2) Student Name Last First MI PhysicianPhone Allergies Regula	r Medications					
Chronic Illness/Disabilities Recent Injuries/Surgeries (within last year)	Eye Glasses() Contact Lens()				
Other past injuries, Illnesses or limitations the	hat the school should be	aware of				
3) Student Name	Birth date	Class				
3) Student Name Last First MI						
Physician Phone Allergies Regula	Hospita	l Preference				
Allergies Regula	r Medications					
Chronic Illness/Disabilities	Eye Glasses() Contact Lens()				
Chronic Illness/DisabilitiesEye Glasses() Contact Lens() Recent Injuries/Surgeries (within last year)						
Other past injuries, Illnesses or limitations that the school should be aware of						

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" info@meihuaschool.org

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