

MEI HUA SCHOOL REGISTRATION FORM

PARENTS/GUARDIANS' INFORMATION

Parent's name: _____	Parent's name: _____
Chinese name (if you have one): _____	Chinese name (if you have one): _____
Relationship to child: _____	Relationship to child: _____

Address: _____ Home Phone : _____

City: _____ Zip: _____ Business Phone: _____

E-mail: _____ Cell Phone: _____

STUDENTS' INFORMATION

English Name	Chinese Name	Birthdate/Age	Gender	Fee (tuition + book/supplies fee)

Fees cover one 15-week (one semester), 2 hours per class session.

Tuition costs per semester:

- 1st child: \$300
- 2nd child: \$275
- Book & supplies: \$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. Tuition fees are nonrefundable.

- I give permission for my child's pictures to be used for school promotion
Circle One: YES NO
- A \$30 discount is available for each student that pre-pays for the full year. In the case of an early withdrawal, the \$30 discount will be deducted from the refund in addition to the early withdrawal penalty.

(1) What has the student's exposure to Chinese been?

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

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:

Name _____ Phone#(s) _____

MEDICAL INFORMATION

1) Student Name _____ Birth date _____

Class _____

Physician _____ Phone _____

Hospital Preference _____ Allergies _____

Medications _____

Chronic Illnesses/Disabilities _____

If there are any other past injuries, illnesses or limitations that the school should be aware, please list them here:

2) Student Name _____ Birth date _____

Class _____

Physician _____ Phone _____

Hospital Preference _____ Allergies _____

Medications_____

Chronic Illnesses/Disabilities _____

If there are any other past injuries, illnesses or limitations that the school should be aware, please list them here:

PARENTS/GUARDIANS, 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.

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

Signature:_____ Date:_____

Signature:_____ Date:_____

Please return the registration form to Mei Hua Chinese School in person, by mail, or by email. Tuition fees: make checks payable to Mei Hua Chinese School. Please return the fees in person or by mail by the first day of class.

Address: 2200 F St, Bellingham, WA 98225 (school space rents from Bellingham Chinese Christian Church)

Mailing Address: P.O. Box 28494, Bellingham, WA 98228

Email: info@meihuaschool.org