## **Baltimore Chinese School - Registration Form**September 2019 – June 2020

Last Naı	me (Engl	ish):	:						Fi	rst N	amo	e (Eng	glish	): _						-					
Gender (circle one): Male / Female Age:																									
Chinese I	anguage	Con	ırses	•																					
Grade K 1st								2 <sup>nd</sup>		31	3 <sup>rd</sup> 4 <sup>th</sup>				5 <sup>th</sup>			6 <sup>th</sup>	Т		0.1				
Select O	ne A	В	D A B		В	C A B		C	A	В	A	В	A	I	В	A	В	7A		8A	9	9A			
A/C 1:30-3:20pm, B/D 3:30-5:20pm. KD, 1C, 2C use standard Chinese text book; others are same as current usages																									
Chinese	s Second	Lan	anac	70 (C	'CT 3	3.30	5.20	lnm):																	
Chinese as Second Language (CSL 3:30-5:20pm):  Grade CSL Kids' Beginner CSL Kids Intmd CSL Adults Speech Chin									ese C	alligra	aphy														
Select One 3:30-5:20pm					3:30-5:20pm				3:30-5:20									-1:20pm			12:3				
Electives	for childr	en:																							
			(Beginner)			0				Kids' Pre Ballet		Kids' Choral			Chinese Tutoring			Keyboard				Math Engagement			nt
	A/12:30-	1:20	B/2:30-3:20					2:	2:30–3:20		3:30-4:20			3:30-4:20						A/1	A/12:30-1:20 B/1:30-2:2			-2:20	
Electives	for adults	s:							-!														-		
Course	rse Tai-Ji Pa				Painting Parent Pf				rt	Par	Parent Ballet Exec,			c, St	<b>Start 3:30</b>			Adult Y			Yoga	a			
	1:30-3:00			1:30-3:20			1:30 - 3:20				One Hour Class				3:30-5:20			1:30 - 2			- 2:20	0			
Parent Contact Information (Please make sure you provide accurate contact information. BCS will send announcement to all parents via email):  Father's Name:Mother's Name:																									
Home A	<u>address</u>	Str	eet								Cit	tv						Stat	te			Zip	code		
						•								•											
Home Phone: Cell Phone Work Phone  E-Mail:																									
	Rea. Fe	Reg. Fee			ese	1	Electives			Adult Electives				To	Total			Payment Metho				od (circle one)			
Charge																				Check(#)					
Registrati Tuition: O Pre-Ballet semester. refund aft	Chinese la t, Painting Parent Pe	ingu g beg rforn	age ginn nanc	class er, C e Art	s: \$1 Chine t and	45/I ese C l Par	Fall, alligr ent I	\$175 aphy, Ballet	5/Sp Reci Exe	ring itation ercise	Sem Tra \$12	aining, 0 year	Keyl	ooar Chin	, Ao	dult Tut	and Yo	d Ao ga a	dult p and T 75 pe	ai-J r ser	ting ;	\$140 00 p	; Kie		
By signing Any incid Signed by	ents occur	afte	r the	pick	c-up t	time	will	be m	y ov	vn res	-										or 3:3	0-5:2	0pm	class)	).
Signed by (parent):    Date:																									

## **Student Health and Health Insurance Contact Information**

Student Name:		Health	Ins Company:		
Insurance Policy #		Emerg	gency Contact:	Phone	
Medication:	Yes □	No □ If Yes, List:			
Allergies:	Yes □	No □If Yes, List:			
cannot be conta for the well-be also understand	icted and ing of my that my	the hospital staff has my child. I relieve the sch	y authorization to pro- nool of responsibility and if breaches of rules	ne emergency room of the navide treatment which a physin case of accidental injury and regulations occur, and	ician deems necessary during all activities.
Parent/Guardia	n Signatu	re:		Date:	
		ease Form for BCS Int		School Publication	
person acting u Chinese School School all of m	nder its polition its political internet by rights r	ermission and authority,	to reproduce, publish ublications, and I here	ool, its affiliates, successors and circulate photographs of by grant, assign and transfer whild.	of me on the Baltimore
		e read and understand the	his Authorization and	Release.	
Student Name/S	Signature	:	Date		
Parent/Guardia	n Signatu	re:	Date		