

Baltimore Chinese School - Registration Form

September 2010 - June 2011

Last Name (English): _____ First Name (English): _____

Sex: Male Female Date of Birth _____

Select a Course

Regular Chinese Course:

Grade	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th /9 th
Select One		A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>				
		B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>				

Chinese as Second Language (CSL):

Course/Grade	Chinese for Beginner	1 st	2 nd	3 rd	Chinese for Adult
Select One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electives:

Course	Painting (beginner)	Painting (Intermediate)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class for Parents:

Class	Tai-Ji	Painting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extra curriculum activities (free)

Children's choir	Chinese Classics Recital Class
<input type="checkbox"/>	<input type="checkbox"/>

Parents Contact Information:

Father's Name: _____ Mother's Name: _____

Address _____
Street
City
State
Zip code

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Semester	Reg. Fee	Chinese	Electives	Parents	Total	Payment Method (circle one)	
Fall						Cash	Check(#)
Spring						Cash	Check(#)

Non-refundable Registration Fee: \$30/school year;
 Tuition (**per semester**): All Chinese classes: \$135; Intermediate painting, Parent painting: \$125; other Electives: \$85.
Note: 80% tuition refund prior to end of the 3rd week, no refund after 3rd week. \$10 tuition discounts for 2nd or more students from the same family.

----- Office Use Only -----
Baltimore Chinese School, Student's class assigned sheet:

Student Name _____ Phone number _____
 Sex: Male Female Date of Birth: _____
 Assigned class _____ Teacher _____ Date _____

Student Health and Health Insurance Information

Student Name: _____

Health Insurance Company: _____

Insurance Policy # _____ or HMO: _____

Medication: Yes No

If Yes, List: _____

Allergies: Yes No

If Yes, List: _____

In an emergency the school has my permission to take my child to the emergency room of the nearest hospital when I cannot be contacted and the hospital staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. I relieve the school of responsibility in case of accidental injury during all activities. I also understand that my child may be disciplined if breaches of rules and regulations occur, and assume responsibility for damage to school property brought about by my child.

Parent/Guardian Signature: _____ Date: _____

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Authorization and Release Form for Baltimore Chinese School Internet Web Page and School Publication

For consideration received I hereby authorize Baltimore Chinese School, its affiliates, successors and assignees and any person acting under its permission and authority, to reproduce, publish and circulate photographs of me on the Baltimore Chinese School Internet Web Page and School Publications, and I hereby grant, assign and transfer to Baltimore Chinese School all of my rights regarding the use of such photographs of my child _____.

I acknowledge that I have read and understand this Authorization and Release.

Student Name/Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____