



iWant Chinese School

Registration Form

(1) 學生資料 (Student Information)

1. Student Name: _____ Chinese Name : _____ Gender: F / M

Birth Date: _____ School: _____ Grade: _____

2. 2nd Student Name: _____ Chinese Name : _____ Gender: F / M

Birth Date: _____ School: _____ Grade: _____

(2) 家庭資料 (Family Information)

Father Name: _____ Cell Phone: _____ Office Phone: _____

Mother Name: _____ Cell Phone: _____ Office Phone: _____

Address: _____ City: _____ State: _____ Zip Code : _____

Home Phone: _____ E-Mail : _____

(3) 醫療資料 (Medical information)

緊急聯絡人(Emergency Contact):

Name: _____ Relationship: _____ Phone: _____

List any allergies, medical conditions, physical limitations and special needs:

Insurance company: _____ Policy#: _____ Phone#: _____

(4) 支票抬頭請 (Please make a check Payable to I Want Chinese School)

Fee(收費):

- \$30 (Admin fee)
- \$300/20 days (5 days/week)
- \$260/16 days (4 days/week)
- \$20/ regular day (Count by attendance)
- \$30/ minimum day (Count by attendance)

Pay Check No. _____ Date: _____ Amount: _____

(5)同意簽章 (release and agreement)

- I hereby give permission to **I Want Chinese School** to photograph and/or videotape the student for educational or promotional purposes. Yes: _____ No: _____. _____ (Initial)
- I hereby state that (Students' name) _____ is in good mental and physical health condition to participate in the activities provided by **I Want Chinese School** including but not limited to all aspects of cheerleading, tumbling, and dance training, baseball, basketball, soccer and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **I Want Chinese School its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **I Want Chinese School**, including any event sponsored or sanctioned by **I Want Chinese School** and or travel to and from such activities. _____ (Initial)
- I understand that **I Want Chinese School** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **I Want Chinese School** or its scheduled program and that **I Want Chinese School** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply. _____ (Initial)
- I give permission for my child to participate in **I Want Chinese School** After School Program. In the event of a medical emergency, I give my permission for the staff of **I want Chinese School** to seek medical attention for my child. _____ (Initial)
- Payment are due in one week after the payment envelope are
- I understand that **I Want Chinese** After School Program end our service at 6:00p.m. A late fee is incurred at \$1.00/minute after 6:10. _____ (Initial)
- If withdrawal occurs during the first week after payment, 75% of the tuition will be refunded. If second week, 50% of the tuition will be refunded. If third week, 25% of the tuition will be refunded. If withdrawal occurs during the fourth week or later, no refund will be made for any reason. _____ (Initial)
- We do not provide make-ups or refunds for any days missed. Please do your best to come to **I want Chinese** After School Program every day. _____ (Initial)

Parent/Guardian Signature : _____

Date: _____

If you have any questions, please contact~
Willy: (909)524-6964 or Wendy: (626)244-1119
Or E-mail: iwantchinese@hotmail.com