

Westlake Chinese Culture Association

P.O. Box 450884, Westlake, OH 44145

2012-2013 School Year Registration Form

Mother's Name: _____ / _____
Chinese Name English Name

Father's Name: _____ / _____
Chinese Name English Name

Address: _____

City: _____ State: OH Zip Code: _____

Home Telephone Number: () _____

Cell Phone Number: () _____

E-mail Address: _____

Student(s):

1. _____ / _____
Chinese Name English Name
_____ \$ _____
Birth Date Class/Teacher's Name Tuition (Full Year \$225/student)
(Half Year \$120/student)

2. _____ / _____
Chinese Name English Name
_____ \$ _____
Birth Date Class/Teacher's Name Tuition (Full Year \$225/student)
(Half Year \$120/student)

3. _____ / _____
Chinese Name English Name
_____ \$ _____
Birth Date Class/Teacher's Name Tuition (Full Year \$225/student)
(Half Year \$120/student)

CLASSES

- Pre-school
- 简体 (1) 班
- 简体 (2) 班
- 简体 (3) 班
- 简体 (4) 班
- Culture 1
- Culture 2
- Adult A
- Adult B
- College-prep

Total Tuition: \$ _____

Registration fee: \$ _____
*\$15.00 per student,
Waived if tuition paid in full before 6/2/2012*

Donation: \$ _____

Total Payment Enclosed: \$ _____

Elective classes will be decided later according to enrollments.

For Office Use Only: _____

Date Received

Check No. _____

Please fill out Emergency Medical Authorization form on the back

**Westlake Chinese Culture Association
Emergency Medical Authorization**

To allow parents & guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority. **Please list only the names of those who have the authority to make decisions in an emergency situation involving this student.**

Emergency Contact Name	Relationship to Student	Emergency Contact Number
1.		
2.		
3.		

In the event reasonable attempts to contact the above contacts have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by the preferred doctor indicated, or, in the event the designated practitioner is not available, by another licensed physician or dentist: & (2) the transfer of the student to the preferred hospital indicated, or, to the closest accessible hospital, if necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

PART 1 OR PART 2 MUST BE COMPLETED

PART 1: I hereby consent for the following medical care providers to be called:

Preferred Physician _____ Phone # _____

Preferred Dentist _____ Phone # _____

Preferred Hospital _____ Phone # _____

Parent (or Legal Guardian) Signature _____ Date _____

PART 2: I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury I wish the school or camp personnel to take the following action(s):

Parent (or Legal Guardian) Signature _____ Date _____

2012 – 2013 Tuition Payment and Refund Policies

Registration Fee: All Students are required to pay a registration fee of \$15.00. This fee will be waived for those who pay 2012 – 2013 tuition in full before June 2nd, 2012.

Tuition is \$225.00 for the 2012 – 2013 school year if paid in full at the beginning of the school year, or two payments of \$120.00 due at the beginning and middle of the school year.

<u>Tuition Refund Schedule</u>	
<u>Date of Withdrawal</u>	<u>Percentage of Tuition Refund</u>
Before November 1 st , 2012	75%
Between November 1 st , 2012 and December 31 st , 2012	50%
Between January 1st, 2013 and February 28th, 2013	25%
After February 28 th , 2013	0%