

# Westlake Chinese Culture Association

P.O. Box 450884, Westlake, OH 44145

## 2009-2010 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 (\$225/student)

2. \_\_\_\_\_ / \_\_\_\_\_  
Chinese Name English Name  
\_\_\_\_\_ \$ \_\_\_\_\_  
Birth Date Class/Teacher's Name Tuition (\$225/student)

3. \_\_\_\_\_ / \_\_\_\_\_  
Chinese Name English Name  
\_\_\_\_\_ \$ \_\_\_\_\_  
Birth Date Class/Teacher's Name Tuition (\$225/student)

Class/Teachers' Names	
Simplified 1.....	Jiajia Xu
Simplified 2.....	Yixin Marsick
Simplified 3.....	Jie Yu
Simplified 4.....	Lisa Wang
Traditional 4.....	Jiang Ming-yi
Culture 1.....	Qiuyang Tinnirello
Culture 3.....	Baohua Liu
Culture 4.....	Xiaoyu Mei
College Prep.....	Qizhi Zhang
Adult A.....	Yan Bo
Adult B.....	Rosa Chou

**Total Tuition:** \$ \_\_\_\_\_

**Registration fee:** \$ \_\_\_\_\_

*\$15.00 per student, waived if tuition paid in full before 6/6/2009*

**Donation:** \$ \_\_\_\_\_

**Total Payment Enclosed:** \$ \_\_\_\_\_

*Elective classes will be decided later according to enrollments.*

For Office Use Only: \_\_\_\_\_  
/Date Received

\_\_\_\_\_ Check No.

## 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 \_\_\_\_\_

### **2009 – 2010 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 2009 – 2010 tuition in full before June 6th, 2009.

Tuition is \$225.00 for the 2009 – 2010 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 <sup>st</sup> , 2009	75%
Between November 1 <sup>st</sup> , 2009 and December 31 <sup>st</sup> , 2009	50%
Between January 1 <sup>st</sup> , 2010 and February 28 <sup>th</sup> , 2010	25%
After February 28 <sup>th</sup> , 2010	0%

# Westlake Chinese Cultural Association Safety Policy

May 2009

I \_\_\_\_\_ (parent name) as the parent of the following student(s) \_\_\_\_\_ (students' names) agree that I will bring my student(s) to class and pick them up in a timely manner. In order to provide the safest environment for our students, I will pick them up by 11:00 a.m. following class on the Saturdays in which school is in session.

Furthermore, I agree to speak to my child about respecting and not meddling with any Westlake School property while on the School's property. If any property damage or unnecessary emergency calls are made to the School due to my child's behavior, I agree to reimburse Westlake Chinese Cultural Association and/or Westlake Schools for any costs incurred.

I understand enrichment school exists to provide my child with an opportunity to learn Mandarin Chinese language and culture and is volunteer-driven.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

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