

# Westlake Chinese Culture Association

P.O. Box 450884, Westlake, OH 44145

## 2010-2011 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)

<u>CLASSES</u>
Simplified 1
Simplified 2
Simplified 3
Simplified 4
Traditional 4
Culture 1
Culture 3
Culture 4
College Prep
Adult A
Adult B

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

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

*\$15.00 per student,*

*Waived if tuition paid in full before 6/7/2010*

**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.**

<b>Emergency Contact Name</b>	<b>Relationship to Student</b>	<b>Emergency Contact Number</b>
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 \_\_\_\_\_

### **2010 – 2011 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 2010 – 2011 tuition in full before June 7th, 2010.

Tuition is \$225.00 for the 2010 – 2011 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.

<b><u>Tuition Refund Schedule</u></b>	
<u>Date of Withdrawal</u>	<u>Percentage of Tuition Refund</u>
Before November 1 <sup>st</sup> , 2010	75%
Between November 1 <sup>st</sup> , 2010 and December 31 <sup>st</sup> , 2010	50%
Between January 1st, 2011 and February 28th, 2011	25%
After February 28 <sup>th</sup> , 2011	0%