

中文安親班報名表格

Chinese Enrichment Class in the After School

Great Boston Chinese Culture Association
437 Cherry Street, West Newton, MA 02465 Tel: 617-332-0377 email:gbcca.boston@gmail.com

Registration Form 2018-2019

(請用正楷填寫, Please Print)

Parent 1 Name: _____, Chinese Name(中文姓名): _____

Parent 2 Name: _____, Chinese Name(中文姓名): _____

Address(地址): _____
Street Apt# Town State Zip code

Home: _____ work: _____ Mobile: _____

Email: _____

Student Name : _____ Chinese Name(中文姓名): _____

Date of Birth(出生日期): _____ Gender (性別) (M/F): _____

Regular Day School Name: _____
Town

Level of Chinese capability: none, beginner, intermediate, advanced.

Allergies? (Y/N)_____, If Yes, To What: _____

I would like to enroll my child in

- 5 day program with two sessions \$470/monthly.
- 4 day program with two sessions \$380/monthly.
- 3 day program with two sessions \$290/monthly.
- 2 day program with two sessions \$200/monthly.
- 1 day program with two sessions \$100/monthly.
- Private lesson \$55/per hour.

@ Add \$60 for Special Tuesday 1:00 – 3:00 pm.

- Holidays/Snow days are based on the calendar of the Newton Public schools
- **Please make your check payable to “Chinese After School Enrichment Program”**

Liability Waiver

As a parent or legal guardian, I understand that my child's participation in the aforesaid program involves risk of personal injury. Therefore, on behalf of my child, spouse/partner and myself, I hereby release and covenant to hold harmless the Chinese After School Enrichment Program (CASEP), its agents, contractors, tenants, volunteers, members, officers, directors and employees of and from any and all actions, claims and damages for personal injuries, emotional distress, disabilities, or death that my child/children or any other family members have or may have sustained as result of participation in this program. Further, I agree to take full financial responsibility for any damage to the CASEP facilities and equipment caused by my family members or myself. I agree to take full responsibility for my child(ren) to obey CASEP rules. If necessary, I authorize CASEP to seek emergency medical treatment for my child at an available medical facility at my own expense. In the event that I should observe any unsafe personal conduct or unsafe physical condition on the premises of CASEP, I agree to report the unsafe conduct or condition to a CASEP representative as soon as possible.

Parent/Guardian Signature _____ Date: _____