Huaxin Chinese School Registration Form 2026-27

華心中文學校

Greater Boston Chinese Culture Association (GBCCA)

437 Cherry Street, West Newton, MA 02465
Tel: 617-332-0377 Email: gbccahuaxinchineseschool@gmail.com

STEP 1:

Parent1 Name (Last, First)	Parent2 Name (Last, First)
If returning student and information has not changed, please proceed to Step 2	
Home Phone1: / Cell Phone1:	Home Phone 2: / Cell Phone2:
Email1:	Email2:
Street: / City: / Zip:	

STEP 2:

1. Student Name:	Date of birth: / /	Chinese Name:	**Select Program:** ❑ Children Chinese Language ❑ Adult Chinese Language
****Extracurricular**: ☐ 1st term ☐ 2nd term			
2. Student Name:	Date of birth: / /	Chinese Name:	**Select Program:** ❑ Children Chinese Language ❑ Adult Chinese Language
Extracurricular: ☐ 1st term ☐ 2nd term			
3. Student Name:	Date of birth: / /	Chinese Name:	**Select Program:** ❑ Children Chinese Language ❑ Adult Chinese Language
Extracurricular: ☐ 1st term ☐ 2nd term			

Extracurricular: $100 per term for activities cooking, percussion, Chinese yoyo, arts & crafts

Note: There is a 5 student minimum for an extracurricular activity to be able to be scheduled for that term.

Language Program	Tuition: Full Academic Year / One term
Children	$460 / $260
Adult	$410 / $230

	#Students		Tuition	Subtotal		Subtotal
Children Full Year		X			Tuition Subtotal→	
Children One Term		X				
Adult Full Year		X				
Adult One Term		X				
Extracurricular fee(s) – Term 1		X				
Extracurricular fee(s) – Term 2		X				
Early Registration Discount, per student, if paid by 8/31/2026						
$40 for Full Term		X			Discount Subtotal→	
$20 for One Term						
					Total Tuition:	
					CK#	

Please make checks payable to "Huaxin Chinese School"

請 翻 頁 **Continue on back; signature required** ▶

I understand and agree to the following:

- The School reserves the right to cancel certain extracurricular classes due to low enrollment or attendance levels.
- **$25** processing fee per student will be charged for any withdrawals
- There are no refunds after the first two weeks for any student who withdraws for any reason, including but not limited to: illness, injury, missed days, violation of GBCCA rules, or change of family plans.
- **$50** bank processing charge will be imposed for any returned checks.
- I understand that my child's participation in the aforesaid program involves risk of personal injury.
- On behalf of my child(ren), spouse/partner and myself, I hereby release and covenant to hold harmless GBCCA, 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.
- I agree to take full financial responsibility for any damage to the GBCCA facilities and equipment caused by my family members or myself.
- I agree to take full responsibility for my child(ren) to obey GBCCA rules.
- I authorize GBCCA 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 GBCCA, I agree to report the unsafe conduct or condition to a GBCCA representative as soon as possible.
- Permission is granted to publish photos of my child(ren) (no names mentioned) in newsletters, website and other public relations presentations.
- Email addresses will be used for school communications only.
- If you would like to be a member of GBCCA, you may send along your membership fee with your school application and tuition.

Parent/Adult Student Signature: _____ ***Date:*** _____

For Office Use		
2nd Semester	Date rec'd:	CK#
Students:		