

WEI BO LEARNING CHINESE CLASSES FOR CHILDREN

ENROLLMENT FORM

| | | | |
|---------------------|--------|------------|----------------|
| Child (1) Full Name | Gender | Birth Date | Caregiver Name |
|---------------------|--------|------------|----------------|

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|---------------------|--------|------------|----------------|
| Child (2) Full Name | Gender | Birth Date | Caregiver Name |
|---------------------|--------|------------|----------------|

| | | | |
|----------------------|------------|----------------|------------|
| Parent (1) Full Name | Home Phone | Business Phone | Cell Phone |
|----------------------|------------|----------------|------------|

| | | | |
|----------------------|------------|----------------|------------|
| Parent (2) Full Name | Home Phone | Business Phone | Cell Phone |
|----------------------|------------|----------------|------------|

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|----------------|------|-------|-----|---------------|
| Street Address | City | State | Zip | Email Address |
|----------------|------|-------|-----|---------------|

Please specify your choice of class times and fees for available Once-a-week 10 Session saturday classes between Apr 25 and June 27, 2009 (free workshops will be provided on the 4/4/2009 for both registered and unregistered attendees):

- \$299 per child for 9:00-10:20am Session (Age 4 & up, Without Chinese language preference)
- \$299 per child for 10:40-12:00am Session (Age 4 & up, Without Chinese language preference)
- \$349 per child for 9:00-12:00am Session (Age 7 & up, Primary Language Chinese)

All enrollments require \$25 registration fee and textbook cost \$45. All classes will be held at PS6 in room _____. Please read the Enrollment Policies and sign below. I have read and agree to the enrollment policies on next page.

Parent's Name _____ **Signature** _____ **Date** _____

Medical Release Form:

If your child gets into an accident, parents will take responsibility to see medical attention. If we are unable to reach parents, please list two relatives or friends who would be able to take the responsibility. If we are not able to reach the parents and/or Relative and Friends, Wei Bo Learning Org has the authority to seek immediate medical attention for the student.

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|-------------------------------|-----|
| Relative/Friend (1) Full name | Tel |
|-------------------------------|-----|

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|-------------------------------|-----|
| Relative/Friend (2) Full name | Tel |
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Please provide the child's primary physician information:

| | |
|-----------------------------|-----|
| Primary Physician Full Name | Tel |
|-----------------------------|-----|

Parent's Signature _____ **Date** _____

(If there are any changes for the information on this page please contact us immediately)