Westlake Chinese Culture Association  
P.O. Box 450884, Westlake, OH 44145

2012-2013 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)
Total Tuition: $ __________

Registration fee: $ __________
$15.00 per student, Waived if tuition paid in full before 6/2/2012

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.

<table>
<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship to Student</th>
<th>Emergency Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
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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 ________

2012 – 2013 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 2012 – 2013 tuition in full before June 2nd, 2012.

Tuition is $225.00 for the 2012 – 2013 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.

<table>
<thead>
<tr>
<th>Tuition Refund Schedule</th>
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<tbody>
<tr>
<td>Date of Withdrawal</td>
</tr>
<tr>
<td>Before November 1st, 2012</td>
</tr>
<tr>
<td>Between November 1st, 2012 and December 31st, 2012</td>
</tr>
<tr>
<td>Between January 1st, 2013 and February 28th, 2013</td>
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<tr>
<td>After February 28th, 2013</td>
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</tbody>
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