2016-2017 School Year Registration Form

Mother’s Name: ___________________________ / ___________________________  
Chinese Name  English Name

Father’s Name: ____________________________ / ___________________________  
Chinese Name  English

Address: _________________________________________________________________

Telephone Number: (            )                                          (             )                                        .
Home          Work

E-mail Address: _______________________________________________________

Student Information:

A. ________________________ / _______________________________  
Chinese Name            English Name  
Birth Date                                                Class Code/Teacher’s Name (1)(2)

B. ________________________  /_______________________________  
Chinese Name             English Name  
Birth Date                                              Class Code/Teacher’s Name

C. ________________________  /_______________________________  
Chinese Name             English Name  
Birth Date                                               Class Code/Teacher’s Name

D. ________________________  /_______________________________  
Chinese Name             English Name  
Birth Date                                               Class Code/Teacher’s Name

Description:  (1) Refer to next page for “Class Code” and “Teacher’s Name”  
(2) Fill student code “A”, “B”, “C”, and/or “D” into the “Student” column in the next page

For Office Use Only: ______________________________            _______________________________  
/Date Received                                    Check No.

1 | P a g e
Westlake Chinese Culture Association
2016~2017 Courses and Tuition

<table>
<thead>
<tr>
<th>Language Course</th>
<th>Class Code</th>
<th>Student Age</th>
<th>Class Room #</th>
<th>Class Time</th>
<th>Teachers</th>
<th>Previous Teacher</th>
<th>Student Code</th>
<th>Tuition /ca.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-School</td>
<td>S1</td>
<td>3~5</td>
<td>B130</td>
<td>9:00 ~ 11:00</td>
<td>Xiongyi LIU</td>
<td></td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Simplified 1</td>
<td>S2</td>
<td>5~8</td>
<td>B128</td>
<td>9:00 ~ 11:00</td>
<td>Wei SU</td>
<td>Xuelian WEI</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Simplified 2</td>
<td>S3</td>
<td>6~10</td>
<td>B132</td>
<td>9:00 ~ 11:00</td>
<td>Yan WANG</td>
<td>Xiuzhi REN</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Simplified 3</td>
<td>S4</td>
<td>7~10</td>
<td>B124</td>
<td>9:00 ~ 11:00</td>
<td>Yan WANG</td>
<td></td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Simplified 4</td>
<td>S4</td>
<td>10~13</td>
<td>B124</td>
<td>9:00 ~ 11:00</td>
<td>Qiaoyun ZHENG</td>
<td>Wei ZHOU</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>AP-Chinese</td>
<td>A1</td>
<td>12~13</td>
<td>B150</td>
<td>9:00 ~ 11:00</td>
<td>Yixin MARSICK</td>
<td>Yixin MARSICK</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Culture Group 1</td>
<td>C1</td>
<td>4~7</td>
<td>B129</td>
<td>9:00 ~ 11:00</td>
<td>Yaokun Xu</td>
<td>Yaokun Xu</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Culture Group 2</td>
<td>C2</td>
<td>9~10</td>
<td>B134</td>
<td>9:00 ~ 11:00</td>
<td>Xiaochuan HU</td>
<td>Xiaochuan HU</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Culture Group 3</td>
<td>C3</td>
<td>10~12</td>
<td>B135</td>
<td>9:00 ~ 11:00</td>
<td>Yi-an TSAI</td>
<td>Yiyan WANG</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Culture Group 4</td>
<td>C4</td>
<td>12~18</td>
<td>B125</td>
<td>9:00 ~ 11:00</td>
<td>Hannah ZHANG</td>
<td>Jin CHEN</td>
<td></td>
<td>$ 240</td>
</tr>
<tr>
<td>Adults Class</td>
<td>A2</td>
<td>Adult</td>
<td>B149</td>
<td>9:00~10:00</td>
<td>Bin SU</td>
<td></td>
<td></td>
<td>$ 120</td>
</tr>
</tbody>
</table>

**Elective Classes**

<table>
<thead>
<tr>
<th>Elective Class</th>
<th>Class Code</th>
<th>Student Age</th>
<th>Class Room</th>
<th>Class Time</th>
<th>Teachers</th>
<th>Previous Teacher</th>
<th>Student Code</th>
<th>Tuition /ca.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kungfu Junior</td>
<td>K1</td>
<td>5-10</td>
<td>Gym</td>
<td>12:00~13:00</td>
<td>Yong CAO</td>
<td>Yong CAO</td>
<td></td>
<td>$ 160</td>
</tr>
<tr>
<td>Kungfu, Senior</td>
<td>K2</td>
<td>10 and up</td>
<td>Gym</td>
<td>11:00~12:00</td>
<td>Yong CAO</td>
<td>Yong CAO</td>
<td></td>
<td>$ 160</td>
</tr>
<tr>
<td>Thai Chi, Junior</td>
<td>T1</td>
<td>Adult</td>
<td>Gym</td>
<td>11:00~12:00</td>
<td>Debbie LIOU</td>
<td>Debbie LIOU</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Thai Chi, Senior</td>
<td>T2</td>
<td>Adult</td>
<td>Gym</td>
<td>10:00~11:00</td>
<td>Yong CAO</td>
<td>Yong CAO</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Children Dance 1</td>
<td>D1</td>
<td>5-8</td>
<td>Corridor</td>
<td>11:00~12:00</td>
<td>Wei SU</td>
<td>Wei SU</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Children Dance 2</td>
<td>D2</td>
<td>8-10</td>
<td>Music Room</td>
<td>11:00~12:00</td>
<td>Snow MA</td>
<td>Snow MA</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Children Dance 3</td>
<td>D3</td>
<td>10 and up</td>
<td>Music Room</td>
<td>12:00~13:00</td>
<td>Snow MA</td>
<td>Snow MA</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Fine Art Children*</td>
<td>F1</td>
<td>Children</td>
<td>B137</td>
<td>11:00~13:00</td>
<td>Xiaoli CHEN</td>
<td>Shusheng BAI</td>
<td></td>
<td>$ 160</td>
</tr>
<tr>
<td>Fine Art Adult*</td>
<td>F2</td>
<td>Adult</td>
<td>B137</td>
<td>11:00~13:00</td>
<td>Xiaoli CHEN</td>
<td>Shusheng BAI</td>
<td></td>
<td>$ 160</td>
</tr>
<tr>
<td>Table Tennis Children</td>
<td>TC</td>
<td>Children</td>
<td>Gym</td>
<td>9:30~10:30</td>
<td>Anthony Ng</td>
<td>Anthony Ng</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Table Tennis Adult</td>
<td>TA</td>
<td>Adult</td>
<td>Gym</td>
<td>11:00~12:00</td>
<td>Anthony Ng</td>
<td>Anthony Ng</td>
<td></td>
<td>$ 120</td>
</tr>
<tr>
<td>Badminton</td>
<td>B1</td>
<td>Children</td>
<td>Gym</td>
<td>11:00~12:00</td>
<td>Qi ZHANG</td>
<td>Qi ZHANG</td>
<td></td>
<td>$ 120</td>
</tr>
</tbody>
</table>

Sub-Total  
Grand Total

Note: * Payment includes $120 tuition plus $40 for drawing materials (pigment, paintbrush, paper etc.)
Westlake Chinese Culture Association
Emergency Medical Authorization

Student’s name_____________________________________  Birth date_____________________

Health concerns (asthma, diabetes, etc.) _____________________________________________
Known allergies (sea food, peanut butter, dairy, etc.)_____________________________________

Significant health concerns may be shared confidentially with an appropriate school or camp personnel to ensure the student’s health and safety.

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.
*Please list two alternate contacts.

Mother___________________________________  Home #__________________________
Work #______________________________  Cellular #__________________________
Father___________________________________  Home #__________________________
Work #______________________________  Cellular #__________________________
Guardian_________________________________  Home #__________________________
Work #______________________________  Cellular #__________________________
*Alternate 1______________________  Home #__________________________
Work #______________________________  Cellular #__________________________
*Alternate 2______________________  Home #__________________________
Work #______________________________  Cellular #__________________________

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_____

3 | P a g e
PARENTAL CONSENT AND RELEASE

I, ___________________________________, am the Parent or Guardian of these students who are enrolled in the Westlake Chinese Cultural Association’s Kung Fu, Dance, or other programs and physical activities. The students are:

1. ___________________________________  2. ___________________________________
   Name                        Birthdate       Name                        Birthdate

3. ___________________________________  4. ___________________________________
   Name                        Birthdate       Name                        Birthdate

I consent to each child’s participation in the Kung Fu, Dance or other programs and activities. I understand that each child will participate in lessons at the Westlake Lee Burneson Middle School. I also understand that they may also participate in presentations and programs at other locations.

In consideration of the child/children being allowed to participate in the classes and programs, on behalf of my child/children, my spouse, and myself, I assume all risks in connection with their participation in the Kung Fu, Dance or other programs and physical activities. I release, discharge, and/or otherwise indemnify the Westlake Chinese Cultural Association, and its officers, directors, employees, agents and volunteers from all claims, judgments, or liability by or on behalf of my child/children, myself and my spouse for any injury or damage due to any of my children’s participation in the Kung Fu, Dance or other programs and physical activities at any place or location, including all risks connected to their participation, whether foreseen or unforeseen. I know that it is my responsibility to provide adequate health insurance for my child or children.

____________________________________  ______________________________________
DATE                                               SIGNATURE OF PARENT OR GUARDIAN