

Westlake Chinese Culture Association

P.O. Box 450884, Westlake, OH 44145

Telephone: 216-952-2489

2016-2017 School Year Registration Form

Mother's Name: _____ / _____
Chinese Name English Name

Father's Name: _____ / _____
Chinese 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.

Westlake Chinese Culture Association 2016~2017 Courses and Tuition

Language Course	Class Code	Student Age	Class Room #	Class Time	Teachers	Previous Teacher	Student Code	Tuition /ca.
Pre-School	S1	3~5	B130	9:00 ~ 11:00	Xiongyi LIU			\$ 240
Simplified 1		5~8		9:00 ~ 11:00		Xuelian WEI		\$ 240
Simplified 2	S2	6~10	B128	9:00 ~ 11:00	Wei SU	Xiuzhi REN		\$ 240
Simplified 3	S3	7~10	B132	9:00 ~ 11:00	Yan WANG	Yan WANG		\$ 240
Simplified 4	S4	10~13	B124	9:00 ~ 11:00	Qiaoyun ZHENG	Wei ZHOU		\$ 240
AP-Chinese	A1	12~13	B150	9:00 ~ 11:00	Yixin MARSICK	Yixin MARSICK		\$ 240
Culture Group 1	C1	4~7	B129	9:00 ~ 11:00	Yaokun XU	Yaokun XU		\$ 240
Culture Group 2	C2	9~10	B134	9:00 ~ 11:00	Xiaochuan HU	Xiaochuan HU		\$ 240
Culture Group 3	C3	10~12	B135	9:00 ~ 11:00	Yi-an TSAI	Yiyin WANG		\$ 240
Culture Group 4	C4	12~18	B125	9:00 ~ 11:00	Hannah ZHANG	Jin CHEN		\$ 240
Adults Class	A2	Adult	B149	9:00~10:00	Bin SU			\$ 120
Sub-Total								
Elective Classes								
Kungfu Junior	K1	5-10	Gym	12:00~13:00	Yong CAO	Yong CAO		\$ 160
Kungfu, Senior	K2	10 and up	Gym	11:00~12:00	Yong CAO	Yong CAO		\$ 160
Thai Chi, Junior	T1	Adult	Gym	11:00~12:00	Debbie LIOU	Debbie LIOU		\$ 120
Thai Chi, Senior	T2	Adult	Gym	10:00~11:00	Yong CAO	Yong CAO		\$ 120
Children Dance 1	D1	5-8	Corridor	11:00~12:00	Wei SU	Wei SU		\$ 120
Children Dance 2	D2	8-10	Music Room	11:00~12:00	Snow MA	Snow MA		\$ 120
Children Dance 3	D3	10 and up	Music Room	12:00~13:00	Snow MA	Snow MA		\$ 120
Fine Art Children*	F1	Children	B137	11:00~13:00	Xiaoli CHEN	Shusheng BAI		\$ 160
Fine Art Adult*	F2	Adult	B137	11:00~13:00	Xiaoli CHEN	Shusheng BAI		\$ 160
Table Tennis Children	TC	Children	Gym	9:30~10:30	Anthony Ng	Anthony Ng		\$ 120
Table Tennis Adult	TA	Adult	Gym	11:00~12:00	Anthony Ng	Anthony Ng		\$ 120
Badminton	B1	Children	Gym	11:00~12:00	Qi ZHANG	Qi ZHANG		\$ 120
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 _____



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. _____
Name Birthdate | 2. _____
Name Birthdate |
| 3. _____
Name Birthdate | 4. _____
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