2017-2018 Registration Form

Afterschool

WALNUT CHINESE LANGUAGE CENTER

20850 Carrey Road, Walnut, CA 91789 Tel 909-594-8880

學生資料 Student Information

姓名(CHINESE)	英文(NAME)	生日(DOB)	性別 M/F	中文程度(CHINESE PROFICIENCY)
1				未讀過__ 選讀注音__ 拼音__ 繁__ 簡__ 已讀完華語、美洲或 第 冊
2				未讀過 __ 選讀注音__拼音__ 繁__ 簡__ 已讀完華語、美洲或 第 冊
3				未讀過__ 選讀注音__拼音__ 繁__ 簡__ 已讀完華語、美洲或 第 冊

母語**(Native Language): __**國語 **Mandarin** **__**台語 **Taiwanese** **__**粵語 **Cantonese** **__** 英語 **English** **__** 其他 **Other**

住址 Address: _____

目前就讀學校 School: _____ 年級 Grade(August 2017): _____

	姓名(中文)	關係(Relation)	電話 **1** (Home)	電話(Office/Cell)	**E-MAIL**
家長監護人 **Parent/Guardian**					
緊急聯絡人 **Emergency**					

Classroom Preferences：

Choice of Class ☐ Afterschool ☐ Chinese only (Zhuyin、Pinyin / Traditional、Simplified)

Elective ☐ 1st /2nd Grade Drawing ☐1st /2nd Grade Craft ☐ 3/4/5/6th Grade Writing Workshop

Tuition Payment ☐ by year ☐ by semester ☐ by month (4 weeks)

Other _____

Make payment to: W.C.L.C.

Address: 20850 Carrey Road, Walnut, CA 91789

- To insure the students' safety, students are expected to follow the school rules in order to participate in the classes and activities. If a student chooses to skip school, refuses to cooperate with instructors, fights with his/her peers, or uses destructive behavior toward school property, the student will be expelled from the school and tuition will not be refunded.
- We have a penalty fee for parents who do not pick up their child in due time.
- WCLC has the right to choose to deny students
- WCLC does not provide child care, supervision and the transportation from school to WCLC.
- I request that the above named student be permitted to participate in the Walnut Chinese Language Center activities. He/She is in good physical condition, but in case of illness or accidents, WCLC is not responsible for medical and other expenses incurred in his/her care. I am hereby waiving all claims against WCLC for the illness, accidents, injury or death occurring during transportation or at the center.

Parent/Guardian Signature _____ Date _____

Family Doctor's Name _____ Tel _____

中心專用欄 **Office use**

學生姓名	報名費	學費	書籍	注音	拼音	接送	共計	支票#	簽收人	編班
1										
2										