

WSCC Summer Program 2015 Enrollment Form

WINCHESTER SCHOOL OF CHINESE CULTURE

Child Name _____

Program Session	Select Program	Price per Session	First Child	Second Child
Session 1 Jul 6 - Jul 17	Full Day	\$640		
	Half Day	\$400		
Session 2 Jul 20 - Jul 31	Full Day	\$640		
	Half Day	\$400		
Session 3 Aug 3 - Aug 14	Full Day	\$640		
	Half Day	\$400		
Session 4 Aug 17- Aug 28	Full Day	\$640		
	Half Day	\$400		
Notes:		Subtotal Fees (A)		
<ul style="list-style-type: none"> ❖ Lunch and snack included ❖ Full day: 8:30am - 5:30pm ❖ Half day: <ul style="list-style-type: none"> • Morning: 8:30am - 1pm; • Afternoon: 1 - 5:30pm ❖ Friday - full day fieldtrip ❖ Program Location: 21 Church St, Winchester, MA 01890 ❖ Check payable to: <u>WSCCASP</u> 	Early Bird(<=Mar 31) Discount: 5% <u>Or</u> WSCC Student Discount: 5% <u>Or</u> Sibling Discount: 5% Combined Discount Max 10% (B)			
	Registration Fee Per Family (C)	\$20 (non-refundable)		
	Deposit (\$100/session/child) (D)			
	Amount due at registration (E = C +D)			
		Balance Due : (A-B-D)		

Notes:

- Please mail your payment check to WSCCASP, P.O. Box 3232, Woburn MA 01888.
- The first payment (E), due at the time of registration, is the deposit to hold the spot and applied to your final payment.
- Please notify school before May 31, 2015 if you have to cancel to get full refund of deposit. After that, a \$50/session/child penalty will be deducted from your deposit. No refund once a session starts.
- Balance due for the session is on the first day your child comes to the program.
- A \$25 bank fee will be charged if a check is rejected.

For Administration Use Only:

Payment received: Amount _____, Check# _____ Date _____

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Child Information

Child's Name: _____ 中文名: _____

Date of Birth: _____ Age at Admission: _____

Home Address & Phone# : _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Additional Information

Child's Physician: _____

Address & Phone #: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach: _____

Custody agreements, court orders, restraining orders pertaining to the child? If yes, please attach: _____

Special limitations or concerns? _____

School Information

School & Grade in Fall 2015: _____

School Address & Phone # : _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials here:** _____

Weekend Chinese School & Grade in Fall 2015 (if applicable): _____

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Parent/Guardian Information

Parent/Guardian Name: _____ **Relationship to Child:** _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name/Address: _____

Business Phone Number: _____ Hours at Work: _____

Parent/Guardian Name: _____ **Relationship to Child:** _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name/Address: _____

Business Phone Number: _____ Hours at Work: _____

Parent/Guardian Signature:

Date:

X _____

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address & Phone #: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

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TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

____ PARENT DROP OFF
____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

____ PARENT PICK UP
____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the day as stated above and/or I give my permission to the following people to receive my child at the end of the day.
(If no one is authorized, please indicate below by writing "NO ONE")

- 1. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
- 2. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
- 3. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

Parent /Guardian Signature

Date (valid for one year)

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MINOR GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____ am the parent or legal guardian of _____ (the "minor"), who desires to participate in various programs, courses, events or activities (hereinafter collectively referred to as the "Activities") operated or sponsored by Winchester School of Chinese Culture, Inc. (hereinafter referred to as "WSSC").

I understand and acknowledge that WSSC will not allow the minor to participate in the Activities without releasing and holding WSSC harmless from any liability arising out of the participation of the minor in the Activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of WSSC or others, and assume full responsibility the participation of the minor. Specifically, I understand and acknowledge that the minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, and even death.

I request that WSSC allow the minor to participate in the activities, and in consideration thereof agree hereby to release and forever discharge WSSC, its officers, directors, employees, agents, and any parties volunteering on behalf of WSSC, from all actions, causes of action, injuries, claims, damages, costs or expenses of any kind growing out of or related to any such activities in which the minor participates. I understand that this is a full and complete release of all injuries and damages which I or the minor may sustain as a result of his or her participation in any activities, regardless of the specific cause thereof.

I HAVE READ THIS MINOR GENERAL RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature: _____

Name: _____
(Please print)

Date: _____