

**WSCC ASP 2017-18 Enrollment Form**  
**WINCHESTER SCHOOL OF CHINESE CULTURE**  
**AFTER SCHOOL PROGRAM**  
**Newton Site (230 Herrick Rd, Newton MA)**

Child Name \_\_\_\_\_ School \_\_\_\_\_ Year 2017-18 Grade \_\_\_\_\_

Selection of Enrollment Days and Payment (at least 2 days)								
Attending Days	Please mark selected days					No Tue	Incl Tue	Bus Fee
Five Days	Mon - Fri					NA	\$560	\$60
Four Days	Mon	<b>Tue</b>	Wed	Thu	Fri	\$396	\$478	\$56
Three Days	Mon	<b>Tue</b>	Wed	Thu	Fri	\$306	\$391	\$48
Two Days	Mon	<b>Tue</b>	Wed	Thu	Fri	\$210	\$298	\$36
<b>Early Release Days 9/27_, 11/2_, 12/7_, 2/7_, 3/8_, 5/3_</b>					(ER) Addition: 30/day			
Registration Fee (non-refundable): \$25/Child					(A)	\$25		
1 Month Tuition					(B)			
Sibling discount 10% off (2nd Child with lower tuition)					(C)			
School Bus Fee (from Public school to ASP)					(D)			
Initial payment due at the time of registration					A+(B-C)+D			
Monthly tuition payment Sept 1, 2017 – May 1, 2018					(B-C)+D+(ER)			

**Please read : Notices and policies:**

- 1) Monthly tuition is a flat rate across 10 months per school year from Sept-Jun.  
Please make your check payable: WSCCASP, mail to P.O. Box 3232, Woburn, MA 01888.
- 2) The first payment, due at the time of registration, is the deposit to hold the spot and will be applied to last month's tuition (e.g. Jun 2018).
- 3) Monthly tuition payment from Sept. 2017 to May 2018 is due at the First Day of each month. A \$25 late fee will be charged for late payment after the 10<sup>th</sup> of each month.
- 4) A \$25 bank fee will be charged if a check is rejected.
- 5) **Policies regarding enrollment change and cancellation:**
  - a) Switching or adding days will depend on space availability.
  - b) Reducing days: Before 8/10/2017, no penalty;  
Before 9/1/2017, \$50 changing fee will be charged;  
After 9/5/2017, \$65 charge for each reduced day.
  - c) Cancel entire enrollment: Before 8/10/2017, refund 1 month tuition deposit;  
Before 9/1/2017, refund after \$100 cancellation fee deducted from tuition deposit;  
After 9/5/2017, No refund will be made.

**For Administration Use Only:**

Payment received: Amount \_\_\_\_\_, Check# \_\_\_\_\_ Date \_\_\_\_\_

# WSCC ASP 2017-18 Enrollment Form

## Newton Site

### Child Information

Child's Name: \_\_\_\_\_ Chinese 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

Your child's School and Grade in Fall 2017: \_\_\_\_\_

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 and Grade in Fall 2017** (if applicable): \_\_\_\_\_

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## Newton Site

### 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 \_\_\_\_\_

\_\_\_\_\_

# WSCC ASP 2017-18 Enrollment Form

## 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: _____	Home Ph# _____ Cell _____
Parent/Guardian Name: _____	Home Ph# _____ Cell _____

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date (valid for one year)

**WSCC ASP 2017-18 Enrollment Form**  
**TRANSPORTATION PLAN AND AUTHORIZATION**

**CHILD'S NAME:** \_\_\_\_\_

**MY CHILD WILL ARRIVE AT THE PROGRAM BY:**

- \_\_\_\_ SUPERVISED WALK BY WSCC STAFF
- \_\_\_\_ SCHOOL BUS DROP OFF
- \_\_\_\_ PARENT DROP OFF
- \_\_\_\_ OTHER (DESCRIBE \_\_\_\_\_)

**MY CHILD WILL DEPART FROM THE PROGRAM BY:**

- \_\_\_\_ PARENT PICK UP
- \_\_\_\_ SUPERVISED WALK (WHO \_\_\_\_\_)
- \_\_\_\_ 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 WSCC ASP (hereinafter referred to as "WSCCASP").

I understand and acknowledge that WSCCASP will not allow the minor to participate in the Activities without releasing and holding WSCCASP 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 WSCCASP or others, and assume full responsibility of 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 WSCCASP allow the minor to participate in the activities, and in consideration thereof agree hereby to release and forever discharge WSCCASP, its officers, directors, employees, agents, and any parties volunteering on behalf of WSCCASP, 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.

**CONSENT FOR STUDENT PHOTO RELEASE**

I understand that during school year my child may be photographed, videotaped, or interviewed at various WSCC organized activities or participating community events.

\_\_\_\_\_ Yes, I agree that my child's photograph/video/interview may be reproduced and released for use in the media, such as newspapers, brochures, websites or social media, etc. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_ No, my child's photograph/video/interview may NOT be reproduced and released.

I HAVE READ THIS MINOR GENERAL RELEASE & HOLD HARMLESS AGREEMENT AND CONSENT FOR STUDENT PHOTO RELEASE. I 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.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_