

**WSCC ASP 2015-16 Enrollment Form**  
**WINCHESTER SCHOOL OF CHINESE CULTURE**  
**AFTER SCHOOL PROGRAM**  
**Belmont Site**

Child Name \_\_\_\_\_ School \_\_\_\_\_ Fall2015 Grade \_\_\_\_\_

| Selection of Enrollment Days and Payment                   |                           |      |     |       |  |        |          |         |
|--|---------------------------|------|-----|-------|--|--------|----------|---------|
| Attending Days   | Please mark selected days |      |     |       |  | No Wed | Incl Wed | Bus Fee |
| Five Days  | Mon                       | Tues | Wed | Thurs | Fri  | NA     | \$400    | \$54    |
| Four Days  | Mon                       | Tues | Wed | Thurs | Fri  | \$310  | \$335    | \$45    |
| Three Days   | Mon                       | Tues | Wed | Thurs | Fri  | \$250  | \$275    | \$36    |
| Two Days   | Mon                       | Tues | Wed | Thurs | Fri  | \$185  | \$210    | \$24    |
| <b>Early</b> Registration Fee (non-refundable): \$10/Child |                           |      |     |       | (A) \$10 - Current student Register before 5/31/15 |        |          |         |
| Registration Fee (non-refundable): \$25/Child              |                           |      |     |       | (A') \$25 - New student or after 5/31/15           |        |          |         |
| 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, 2015 - May1,2016           |                           |      |     |       | (B-C+D)  |        |          |         |

**Note:**

- Monthly tuition is a flat rate across 10 months per school year from Sept-Jun.
- Please make your payment check **payable to WSCC**, mail to P.O. Box 3232, Woburn MA 01888.
- The first payment, due at the time of registration, is the deposit to hold the spot and applied to last month's tuition. Subsequent monthly payments will begin Sept. 1, 2015 for the remaining nine months until May 2016.
- If someone withdraws from the program in the middle of the school year, you have to notify school at least one month in advance so your deposit can be applied to your last month's tuition. Otherwise your deposit is forfeited.
- Monthly tuition payment due at the first day of the month. A \$25 late fee will be charged if payment received after 10th of each month.
- A \$25 bank fee will be charged if a check is rejected.

|   |
|---|
| <b>For Administration Use Only:</b>                     |
| Payment received: Amount _____, Check# _____ Date _____ |

# WSCC ASP 2015-16 Enrollment Form

## Belmont 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 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 and Grade in Fall 2015** (if applicable): \_\_\_\_\_

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## Belmont 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 2015-16 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 2015-16 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)

**WSSC ASP 2015-16 Enrollment Form**  
**WINCHESTER SCHOOL OF CHINESE CULTURE**

**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: \_\_\_\_\_