

WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER SCHOOL PROGRAM 2015-16
ENROLLMENT FORM - Winchester Sites

Child Name _____ **School & Grade-Fall2015** _____

Selection of Enrollment Days and Payment

Attending Days	Please mark selected days					KG-G5 2:30-6:00	KG 12:00-2:30 (Mon/Fri)	
	Five Days	Mon	Tues	Wed	Thurs	Fri	\$420/mon	2 d/wk
Four Days	Mon	Tues	Wed	Thurs	Fri	\$345/mon	1 d/wk	\$90/mon
Three Days	Mon	Tues	Wed	Thurs	Fri	\$270/mon		
Two Days	Mon	Tues	Wed	Thurs	Fri	\$200/mon		
Registration Fee: \$20/Child (non-refundable)						(A) \$20		
1 Month Tuition						(B)		
Sibling discount 10% off (2nd child with the lower tuition)						(C)		
Initial Deposit at the time of Registration						(A+B-C)		
Monthly tuition payment Sept 1, 2015 - May1,2016						(B-C)		

Notes:

- Monthly tuition is a flat rate across 10 months per school year from Sept-Jun.
- Please make your check **payable to WSCCASP**, 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.

For Administration Use Only:

ASP site Assignment: WUC FCC

Payment received: Amount _____, Check# _____ Date _____

WSSC ASP 2015-16 Enrollment Form

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: _____

Gender: _____ 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 & 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): _____

WSSC ASP 2015-16 Enrollment Form

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 _____

**WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER SCHOOL PROGRAM**

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*)

**WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER SCHOOL PROGRAM**

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)

**WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER SCHOOL PROGRAM**

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 "WSCC").

I understand and acknowledge that WSCC will not allow the minor to participate in the Activities without releasing and holding WSCC 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 WSCC 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 WSCC allow the minor to participate in the activities, and in consideration thereof agree hereby to release and forever discharge WSCC, its officers, directors, employees, agents, and any parties volunteering on behalf of WSCC, 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: _____