

东方中文学校 Dongfang Chinese Education Institute – 学生注册表 Student Registration Information

Dongfang@YMCA 中文夏令营

• Website: www.dongfangchinese.org • TEL: (312)823-9097 • E-mail: info@dongfangchinese.org

学生资料 Student' Information:

社会安全号码 SSN: _____

DCEI Student ID: _____

CCDCID: _____

学生中文姓名 _____

学生英文姓名 _____

就读学校 _____

Student Chinese Name: _____

Student English Name: _____

Current School Name: _____

性别 Gender: _____ (Male/Female)

生日 Birthday: _____

出生地 Birth Country: _____

已婚 Marital: _____ (M/S)

残障军人 Disabled Veteran: _____ (Y/N)

文化种族背景 Ethnic: (1). American Indian / Alaskan Native; (2). Asian / Pacific Islander; (3). Black; (4). Hispanic; (5). White

监护人及住家联络资料 Legal Guardian & Emergent Contact: (Please fill in the Legal Guardian Name for students age of 17 and younger.)

监护人中文姓名: _____

监护人英文姓名: _____

Guardian Chinese Name: _____

Guardian English Name: _____

电话 Phone: _____

电子邮址 E-mail: _____

住家地址 Address: _____

城市 City: _____

州 State: _____

邮区 ZIP: _____

紧急联络 Emergent Contact:

紧急联络中文姓名 _____

紧急联络英文姓名 _____

Emergency Contact Chinese Name: _____

Emergency Contact English Name: _____

关系 Relation: _____

性别 Gender: _____

(Male/Female)

紧急电话 Emergency Phone: _____

电子邮址 E-mail: _____

紧急地址 Address: _____

城市 City: _____

州 State: _____

邮区 ZIP: _____

夏季营开始: August 9, 2010 (8/9/2010) ---结束九月三日(9/3/2010)

上课地址: 2800 South Western Ave., Chicago, IL 60608

下课接送: YMCA , 2700 South Western Ave., Chicago, IL 60608

Pre-registration 预登记 May 8 to July 6, 2010		\$50.00
August 9 –Sept 3	FULL PROGRAM 全营	\$685
August 9- August 20	HALF SESSION 半营	\$ 350
August 23- Sept 3	HALS SESSION 半营	\$350
Total PAYMENT due		Due by June 30, 2010
签字 Signature:	日期 Date:	总计 Total:

Mailing address: Dongfang Chinese School, PO Box 167053, Chicago, IL 60616

东方中文学校 DONGFANG CHINESE EDUCATION INSTITUTE (DCEI)

2800 S, Western Ave. Chicago, IL 60608, West Side Technical Institute, WSTI of Richard J. Daley College (312)823-9097

Student information and Release From

*Note: This form must be filled out in its entirety modification or participants will be denied

Student Name

Street Address, Apt (Unit)

City, State, Zip Code

Primary Contact

Name (Parent/Legal Guardian if student is a Child)

Day Phone

Evening Phone

Relationship to Student

Secondary Contact

Name (Parent/Legal Guardian)

Day Phone

Evening Phone

Relationship to Student

Student Special needs, such as Allergies/Medications

Agreement to participation

I hereby give permission for my child to participate in classes and activities. I fully assume all responsibility for injuries he/she may receive in all activities and hereby release DCEI and the employees from the liability from the injury I or my child(ren) may sustain.

I understand that this form is due the first day of class or my child will not be admitted. I have read and agreed to all the information contained in the above agreement and have filled out emergency information on my child(ren).

Signature (Parent/Legal Guardian) Date

M / F

Gender

Birth date

Emergency Information

Participant's Physician / Hospital Name

Phone Number

Insurance Company

Policy Number

In the event of a medical emergency, I hereby authorize and give my consent to DCEI personnel to secure from any accredited hospital, clinic, and or physician any treatment deemed necessary for my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Signature (Parent/Legal Guardian)

Date

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

Is anyone prohibited from picking up your child(ren)?

Yes

No

If yes

who? _____

Name

Relationship to child

I understand my child(ren) must be picked up daily by the assigned time or a \$5 fee per 10 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program.

Signature (Parent/Legal Guardian)

Date

*This form is subject to change without notice