



ISTAR MANDARIN CHINESE CONVERSATION CLASS 爱星中文学校
REGISTRATION FORM 注册表

Mandarin Chinese is the most widely-spoken language in the world. Learning Chinese means connecting millions of people in or outside the U.S. Letting each student to have every opportunity to achieve a future success is our most priority goal. Sign up our afterschool class today to experience how fun it is to learn Chinese by playing.

A. STUDENT INFORMATION 学生资料 (Please use a separate form for each individual student)

Name in English 学生姓名	Name in Chinese if any 中文姓名	Date of Birth 出生日期	Gender 性别	School 学校
				Valley View Elem.
Father's Name 父亲姓名:		Mother's Name 母亲姓名:		
Home Phone 联系电话:		Parent Email:		
Cell Phone 手机号码:		Student Email if any:		
Home Address 家庭住址:				

No.	Street	City	State	Zip Code

B. TUITION AND FEES 学费

- \$135: Tuition (Textbooks included) 学费**
(Wednesdays, 2:30 p.m. -- 3:30 p.m., for 10 weeks, starting from Oct12 thru Dec21, 2016 at Room #6)
- \$10: Registration Fee 注册费 (not refundable)**
Total 合计: \$145.00

For School Use Only 注册专员专用	
支票号码 Check #	
金额 Amount	
经手人 Cashier	日期: Date:
审核人 Treasurer	日期: Date:

C. Refund Policy:

- Cancelation: two weeks written notice before the withdrawal. No fees will be refunded after Oct 30, 2016. Registration fee is non-refundable.
- Parents are advised to review the refund policy closely prior to the registration. In case of medical or family emergency that leads to a class withdrawal, credit may be granted which can be applied toward a future class. Reasonable evidence needs to be provided to receive the credit.

D. PARENTAL RELEASE AND CONSENT TO MEDICAL TREATMENT 事故应急措施及医疗

My child is enrolled in iStar Chinese School under iStar Education Services, Inc. I hereby release iStar Chinese School, its employees, representatives, members of Board of Directors, from any and all liabilities for injuries to my child or damage to any property and property of my child when enrolled at iStar Chinese School. I accept the full risk and responsibility for any damage or injury. In any legal proceeding brought in regard to this release, iStar Education Services, Inc. shall be entitled to recover all costs and expenses of such actions, including but not limited to all attorney's fees. I further authorize iStar Chinese School personnel to take my child to a physician or hospital and to consent to emergency medical treatment required for my child if I cannot be reached.

Please list an emergency contact other than parent or guardian: Name _____ Phone () _____

Health Insurance Company: _____ Insurance Policy# or HMO: _____

Medications Yes No Please List: _____ Allergies Yes No Please List: _____

Parent/Guardian Signature 家长/监护人签名: _____ Date 日期: _____

Please return the completed and signed registration form with check payable to: iStar Edu

Mailing address: PO Box 391, Chicago Park, CA 95712

Or you can return the registration to the class teacher or drop off the form to School Front Desk – Attn: iStar Chinese Enrichment Program

Please visit the school website at www.iStarEdu.org or call 916.792.5802 for more information. Email us at contact@iStarEdu.org should you have questions.

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