



iSTAR CHINESE SCHOOL 爱星中文学校

REGISTRATION FORM 注册表

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 中文姓名 | Date of Birth 出生日期 | Gender 性别 | Class (CSL1 or CSL2) |
| 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

- \$270: Tuition /Semester (18 weeks, Sunday, 3:00 PM -4:30 PM)**
- \$20: Registration Fee 注册费 (not refundable注册后将不退还):**
- \$55: Textbook Fee**
- (\$10): Early Bird Discount for the registration before Aug18, 2013**
- (\$10): Siblings Discount for additional student from the same family**

Total 合计: \$ _____

| 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:

1. Cancellation: Write Notice two weeks before withdrawal. No fees will be refunded after Sep 22, 2013. Textbook fee is non-refundable.
2. Parents are advised to review the refund policy closely prior to registration. In case of medical or family emergency that lead 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 contacted.

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

Health Insurance Company: _____ Insurance Policy# or HMO: _____
 Medications (list) Yes No Allergies (list) Yes No

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: WRCA or Whitney Ranch
 Mailing address: 851 Old Ranch House Rd, Rocklin, CA 95765