

2016-2017 TCCLS Extension Education Registration Form

Student Information

Chinese Name _____ English Name _____

Primary Phone _____ Email _____

TCCLS grade _____ Age _____ (M / F)

Emergency Contact _____ Phone _____ Relation _____

Class Code	Class	Time	Age	Tuition: TCCLS	Tuition: Non-TCCLS
CC	Chinese Arts	11:30 am – 12:30 pm	5+	\$85	\$105
CD	Chinese Dance	11:30 am – 12:30 pm	4-8	\$85	\$105
CK	Chinese Kung Fu	11:30 am – 12:30 pm	6+	\$85	\$105
EB	Erhu for Beginners	11:30 am – 12:30 pm	All	\$85	\$105
PS	Visual Art	11:30 am – 12:30 pm	4-18	\$85	\$105
PA	Visual Art - Adult	9:30 am – 11:00 am	16+	\$85	\$105
YG	Yoga	9:30 am – 11:00 am	12+	\$85	\$105

Choice Priority: 1. _____ 2. _____ 3. _____

____ This registration form is for current registered TCCLS Student or parent

Payment: _____ Check # _____

**** Agreement ****

- I understand that TCCLS will take necessary measures for the safety of my child during school hours and related recreation programs and activities. In the event that my child should become ill or injured while in school, I authorize the school officials or the parents on duty to administer first aid and/or take my child to a physician or nearby hospital for emergency treatment if it appears necessary and neither parents nor guardian can be reached.
- I will not hold the school staff or the Board of Directors responsible in case of any accidents and I will be responsible for the charges incurred in case of medical emergency.
- To the best of my knowledge, my child has no medical condition that may interfere with his/her participation in the school program.
- Do not rearrange/remove furniture and belongings in the classroom without the teacher's permission.
- I hereby release all pictures of my child taken by the TCCLS for promotional purposes and programming materials including TCCLS web site.
- TCCLS reserves the right to decline any registration request and discharge students who exhibit inappropriate behaviors or cause issues for school.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Twin Cities Chinese Language School (TCCLS) Extension Education Tuition Receipt

Student Name: _____ Semester: 2016 Fall / 2017 Spring

Tuition Paid: _____ Receipt Date: _____ Signed by TCCLS Official: _____