

范杜拉中文學校

Ventura County Chinese Language School

Registration Form for Fall, 2016
(September 2, 2016 – January 20, 2017)

Email: vcchineseschool@aol.com ; Irencsy@aol.com

School Site: Pleasant Valley Recreation and Park District, 1605 E. Burnley Street, Camarillo, CA 93010

Family Information:

Father's Name : (Eng) _____ (Chinese) _____ Native Language: _____
 Mother's Name : (Eng) _____ (Chinese) _____ Native Language: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone #: (Hm) _____ Cell: _____ Email: _____

**Classes Offered : Kindergarten (K), Level 1(L1), Level 2 (L2), Level 4 (L4), Level (L5), Conversation (Conv.),
Credit Class for High School Student.**

Student Information:

No.	Name of Student (Eng)		Chinese Name	Sex (M/F)	DOB (mm/dd/yy)	Class Enrolled (K/L1/L2/L4/L5/Conv)	*Credit Class(Y/N)
	First Name	Last Name					

Student #1: School District _____ Grade: _____ Cell # : (_____) _____ Email: _____
 School: _____ School ID#: _____

Student #2: School District _____ Grade: _____ Cell # : (_____) _____ Email: _____
 School: _____ School ID#: _____

Student #3: School District _____ Grade: _____ Cell # : (_____) _____ Email: _____

Tuition and Registration Fees: (per student per semester) (VCCAA membership - \$25/family/year)

K, L1 – L5, Conversation Students = \$245 Early registration discount before August 15, 2016 : \$25
Credit Class (L1-L5 + Enrichment) = \$345 (This class is for High School Language Credits- 5 units in OUHSD.)

Early registration: \$220 per student if paid before August 15, 2016 (K, L1-L5, Conv.); \$320 for Credit Class student.
 A \$20 discount apply to the third child through fifth child.

Student #	Name of Student	Class Enrolled	Tuition Amt	PTA Fee (\$8/child,\$20/family)	VCCAA membership (\$25/family)	Total

Make checks payable to: VC Chinese Language School

Mail to: VC Chinese Language School
 P.O. Box 806
 Camarillo, CA 93011-0806

(Please read and sign Liability Release Form on reverse side.)

*Credits for OUHSD upon successful completion (passing) of the course.

<i>For Office Use Only</i>	
Received check# / Cash. Amt:	
Date Received	

Release of Liability

We/I, the parents/parent/guardian of _____ do hereby release the Chinese Language School of Ventura County, its teachers, volunteer administrators, and parent helpers of all liability associated with the Chinese Language School of Ventura County. We realize that the school is a non-profit organization and do not hold the above mentioned persons and organization liable for any accident or for any other reason that may cause injury or other effects to my child while attending the Chinese Language School of Ventura County classes or events. I also understand that during school activities, my child/children and/or my family members' image may be taken for educational and memoir purposes.

Signed _____

Date _____

Allergies and medical information:

Name of student: _____ Allergies: _____

Medication: _____ Other medical information: _____

Calendar for Chinese Language School, Fall 2016

Class Days:

September	2, 9, 16, 23, 30	
October	7, 14, 21, 28	
November	4, 11	(11/18/16, 11/25/16: Thanksgiving Break)
December	2, 9, 16	(12/16/16 – Christmas celebration in Rm #7 – 7:00pm-9:00pm; 12/23/16, 12/30/16: Winter Break)
January	6, 13, 20	