

Lexington Chinese School 2008 Fall Registration Form



Special Class



For Official Use Only	
Reg. No.	
Amt. Rec'd	
Check/Cash	
Check No.	
Date Rec'd	
Refund	
Special	

School Period: 8/23/08 – 12/20/08. Class Hr: 12:00 P.M. –1:00 P.M. Saturdays

Please provide following detailed information if:

- You are a new student
- Your contact information has changed

Mother: _____ Father: _____ Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Email: _____

Emergency Contact Person: _____ Emergency Phone: (____) _____

Student's information: (For more than one student from the same family, fill them all in the following form)

Name – English	Name – Chinese (If any)	Date of Birth	Gender

Tuition*:

Special Class (12:00 – 1:00 PM)	Number of student	Fees	Total
Martial Arts		\$40.00/semester	
Chinese Music and Dance (age 4-7y)**		\$50.00/session	
Chinese Dance (age 7-13 y)**		\$50.00/session	
Each additional student from the same family for Dancing/Music class		\$40.00/session	
Other Special Class		\$50.00/semester	
Total Payment			

* **Tuition:** The charge for each special class is based on the number of lessons we offered for each semester and the facilities provided for each class.

** **Class** will be taught by Chinese Music and Dance Learning Classes (CMDLC)

Please make check payable to CCE, and send your payment along with this form to student's teacher or the on-duty officer.

For questions regarding registration, please contact:

Min He: Phone: (859) 396 -8866

Email: cschool@lexingtonchineseschool.org

Liability and Medical Release: (Please read carefully, signature and date are required)

I hereby release and discharge the Lexington Chinese School of CCEOL, its officers, teachers, and representatives from all obligations and/or liability resulting from accidents, injuries, or otherwise occurring as a result of my child's participation in or attendance at any CCEOL's activities. In the event that my child become ill or injured during any Lexington Chinese School of CCEOL's activity, its officers, teachers, and representatives have my permission of my child to an appropriate emergency medical facility.

I have read the above release, and I understand and agree fully with its provisions.

Parent/Guardian Signature: _____ Date: _____

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World Wide Web Publishing and Media Permission Form

Lexington Chinese School would like to display student pictures and student projects on web pages. This means that your child's (or your) picture could be seen by anyone with Internet access. For the safety and privacy of all students, individuals within photos of class projects and events will NOT be identified.

Please sign and return this sheet giving or restricting permission for your child's (or your) photo and work to be displayed on the *World Wide Web*.

Please check the boxes:

- Yes. My child's (or my) photo with NO identification may be posted on a Lexington Chinese School and related website.
- No. My child's (or my) photo may not be displayed on a Lexington Chinese School and related website.
- Yes. My child's (or my) work may be displayed on a Lexington Chinese School and related website (check one):
 - With his/her/my first name and grade.
 - Without his/her/my first name and grade.
- No. My child's (or my) work may NOT be displayed on a Lexington Chinese School and related website.

Please also check the boxes below if you would allow your child's (or your) image to be used for *newspaper, video or other media* to promote Chinese school.

- Yes, my child's (or my) image can be used for promotional purposes.
- No, I do not want my child's (or my) image to be used for promotional purposes.

Student's Name: _____

Class: _____

Parent/Guardian Signature: _____

Date: _____