

Registration Form for Fall 2018 Semester
The Chinese Language School of Baton Rouge

Student 1 Name: _____ Sex: ____ Date of Birth: _____
Chinese school grade: _____ Basic Art / Advanced Art / Vocal / Chess (circle one)
Student 2 Name: _____ Sex: ____ Date of Birth: _____
Chinese school grade: _____ Basic Art / Advanced Art / Vocal / Chess (circle one)
Student 3 Name: _____ Sex: ____ Date of Birth: _____
Chinese school grade: _____ Basic Art / Advanced Art / Vocal / Chess (circle one)
Home Address: _____
Father's Name: _____ E-mail: _____ Phone: _____
Mother's Name: _____ E-mail: _____ Phone: _____

Tuitions:

- 1) **Nonrefundable registration fee: \$10** for fall 2018 semester.
- 2) **\$155 for Chinese class.** \$10 discount for each sibling from the same family.
- 3) In **culture/elective classes, \$95** for Basic Art; **\$130** registration and **\$30** material fees for Advanced Art; **\$100** for Vocal/Dance; **\$95** for Chess. Note: No sibling discount for these classes.
- 4) The tuition will not be refunded if withdraw after 10/07/2018.

Please make check or money order payable to **CFABR**.

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- I agree to join Wechat groups to receive school and class notifications.
 - I understand the 'Three-Warning' policy. A student can be expelled from school after receiving three warnings due to in-class behavior problems.
 - I agree to serve as a hall monitor at least once during the semester my kid(s) register.
 - I agree to drop off and pick up my kid(s) in a timely manner. I agree to drop off my kid(s) no more than 15 minutes before classes start. If I pick up my kid(s) 15 minutes after their classes are over, I am willing to pay \$1 per extra minute.

I print my name _____ herein to assure that I am FULLY responsible for our (my children and myself) safety, well-being, and conduct (in following the school regulations and disciplines) when attending the Chinese Language School of Baton Rouge. I have purchased medical insurance for my child when he or she is at the Chinese school.

Signature: _____ Date: _____

School Location: 8725 Jefferson Hwy, Baton Rouge, LA 70809.

School Time: Chinese: 1:30 pm -- 3:45 pm; Elective: 4:00 pm -- 5:00 pm Sunday

Check#:

Cash

Receipt

This is to confirm that _____ has paid tuition to CFABR for student _____

With the amount of _____ on the date of _____.

Signature of the Financial Officer of Chinese Language School of Baton Rouge _____



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CHINESE LANGUAGE SCHOOL OF BATON ROUGE (CLSBR)

WAIVER AND RELEASE OF LIABILITY/MEDICAL RELEASE/SCHOOL PROPERTY PROTECTION FORM

1. I understand that there are certain risks associated with participating in the indoor/outdoor activities of the Chinese Language School of Baton Rouge (the school), including illness, bodily injury, property damage, even permanent disability or death. I also understand that there may be other risks inherent in these activities of which I may not be presently aware. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, related to participation in the school. To the fullest extent permitted by law, in consideration of being allowed to participate in the school activities, I agree to forever RELEASE, WAIVE, and HOLD HARMLESS the school, its host facility (South Baton Rouge Church of Christ), officers, board members, employees, or volunteers, from any cause of action, claim, or demand, including one arising out of or related to participation in the school activities.

2. In case of medical emergency, the school personnel on duty has my permission to take the student to the nearest hospital when I cannot be contacted, and the hospital staff has my authorization to provide treatment for the well being of the student. I will take the responsibility for the medical cost.

3. I agree that I will take the responsibility for any property damages caused by the student during the school hours and school activities.

4. I have carefully read and do understand the foregoing statements. I agree to assume the responsibilities stated above and waive all claims as indicated.

Name of Student(s): _____

Name of parent or legal guardian: _____

Phone number: _____

Signature of parent or legal guardian: _____

Date: _____