

# Registration Form for Fall 2020 Semester, Part 1

## The Chinese Language School of Baton Rouge

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

**NOTE:** There are two parts of registration. Part 1 can be completed either online or on this paper. We highly recommend online registration. Please use google form link at <https://forms.gle/YBTkeEASyyPHR8zT6> to finish Part 1. A \$5 discount is applied to each online registration form (i.e., each family). Part 2 must be finished on paper (see next page). Deadline of online registration is **6:00pm on Friday 8/7/2020.**

SEE PAGE 3 FOR TEACHER AND CLASSROOM INFORMATION.

Student 1 Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Chinese School Grade: \_\_\_\_\_; Chinese Book, Y / N (circle one);

Basic Art (Y / N)

Student 2 Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Chinese School Grade: \_\_\_\_\_; Chinese Book, Y / N (circle one);

Basic Art (Y / N)

Student 3 Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Chinese School Grade: \_\_\_\_\_; Chinese Book, Y / N (circle one);

Basic Art (Y / N)

Student 4 Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Chinese School Grade: \_\_\_\_\_; Chinese Book, Y / N (circle one);

Basic Art (Y / N)

Home Address: \_\_\_\_\_

Parent/Guardian 1's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Tuitions and Fees:

- 1) Nonrefundable registration fee: \$10 per student for Fall semester. A \$5 discount is applied on each online registration form, but not on paper form.
- 2) \$30 book fee.
- 3) Tuition for Chinese class:
  - a. \$120 for new students or returning students without tuition credits from last semester; and \$10 discount for each sibling from the same family.
  - b. \$20 for returning student who has tuition credits from last semester.
- 4) Fee for culture/elective classes, Basic Art (绘画初级班) \$80. **Note:** No sibling discount for these classes.
- 5) The tuition will not be refunded if withdraw after 09/07/2020.

Please make check or money order payable to **CLSB**R.

## Registration Form for Fall 2020 Semester, Part 2 The Chinese Language School of Baton Rouge

Name of Student(s): \_\_\_\_\_

Name of parent or legal guardian: \_\_\_\_\_

Do you give Chinese Language School of Baton Rouge permission to take and use pictures of your kid(s) listed above during school activities, online courses or events and post them on <http://www.csbrla.org/> or Wechat group?

Yes     No    *(check one; if left blank, we assume the answer to be 'yes')*

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

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 (Glasgow Middle School, East Baton Rouge (EBR) School Board, Chinese Friendship Association of Baton Rouge (CFABR)), 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.

5. I agree all the terms listed below:

- To join Wechat groups to receive school and class notifications.
- To understand the 'Three-Warning' policy. A student can be expelled from school after receiving three warnings due to in-class behavior problems.
- To serve as a hall monitor at least once during the semester my kid(s) register.
- 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.
- To be 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 of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

CHINESE SCHOOL MEDICAL  
INFORMATION AND RELEASE FORM

	Student 1	Student 2	Student 3
Name*			
D.O.B*			

Father's Name\* \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name\* \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact\* \_\_\_\_\_ Phone\* \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

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Allergies and/or Medical Conditions (list):  
\_\_\_\_\_

Medications (list):  
\_\_\_\_\_

Person Responsible for Charges (if different then from above) : \_\_\_\_\_

Insurance Company\* \_\_\_\_\_  : None (没有医疗保险)

Policy Holder\* \_\_\_\_\_ Policy # \* \_\_\_\_\_

【NOTE】 All asterisk (\*) areas are required.

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes the expense of First Aid and transportation to/from health care providers. (我/我们特此同意医疗保健提供者的所有处置因伤/疾病而需要的任何医疗护理。此同意书包括急救和往返医疗单位的交通所需花费。)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(家长签名)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(家长签名)

【NOTE】 : This release is to be carried by Chinese School committee member who is on duty.

**WARNING:** School management cannot prevent all injuries a student might receive while participating in school activities. 学校的管理无法防止学生在参加学校活动时可能受到的所有伤害。