

Xue Zhong Wen Denton Chinese School



The onsite registration for spring 2019

Date: January 19 from 1:00 pm to 3:00 pm

Location: Trinity United Method Church
633 Hobson Lane,
Denton, Texas 76205

Registration Guidelines:

- Parents need to come to **Trinity United Method Church** to do the onsite registration from 1:00 pm to 3:00 pm on January 19.
- Spring classes will be on every Saturday from 1:00 pm to 4:15 pm from **January 19 to May 11**.
- In spring 2019, the total number of classes is 13. Please see the detailed class schedule.
- Please bring the completed registration form with payment.
- Please make **all checks payable to Xue Zhong Wen**. (Returned checks fee \$ 30).
- Please complete the registration legibly.
- **Withdrawals:** tuition is refundable on a pro-rated basis. Withdrawal fee is \$10. Refund is not available after the first four weeks.
- **Absence:** please contact the teacher when a child needs to miss a class. There is no refund for missing classes.
- Please follow the parking regulations at Trinity United Method Church.
- **Contacts**

胡家英 (Cathy Hu)

E-mail: dentonchineseschool@gmail.com

Phone: 940-268-5938

学费 Expenses

Tuition Chinese class: \$100
Adult Chinese class: \$200
Math class: \$150
Go: \$150

Chinese Textbooks **\$25**

Please bring the following completed form with the payment for the onsite registration.

Xue Zhong Wen Denton Chinese School

All information must be completed in order for registration to be processed.

Father's name:		e-mail:		Phone:				
Mother's name:		e-mail:		Phone:				
Address:								
Emergency contact:							Student Health Insurance Company	
Name:							Name:	
Phone:							Phone:	
	学生中文名字	Student Last Name	Student First Name	Age	Sex	Class	Tuition	Food Allergy
						Elementary Middle School Adult Class	Sibling Discount \$ 10	
1								
2								
3								
						Total	\$	

***The liability insurance is provided by Trinity United Method Church**

The Release of Liability

***Initial:** _____ I agree that my child must follow the instruction of their teachers. I agree I will help ensure my child complete his/her homework as assigned.

***Initial:** _____ I agree that I will serve as a helper in my child's class as assigned by the school.

***Initial:** _____ I give permission of my child _____ for full participation in the school. I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the school in charge to secure treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I will be responsible for all expenses related to the incident and the treatment.

***Initial:** _____ Parents are responsible for their child or children's safety on the way to school or one the way back home from school.

Name: Print _____, **Signature** _____

Date: _____