



WINCHESTER SCHOOL OF CHINESE CULTURE

文誠中國文化學校

REGISTRATION FORM

Winter Vacation Program: Feb 20-24, 2017

Part I: Student Information and Attending Days

Last Name	First Name	Gender	Grade	ASP Stud (Y/N)	2/20	2/21	2/22	2/23	2/24

Part II: Fees (Tuition/day)

Dates	Before 2/6	Before 2/19	2/20 or later	Subtotal
ASP student	\$40	\$45	\$50	
Non-ASP student	\$50	\$55	\$60	
Sibling (>5 yo)	Disc \$5	Disc \$5	\$0	
Cancellation	No Fee	\$25 Fee	No refund	
Notes:			<i>Total</i>	

- 1) Submit Registration form & check to WSCC Sunday at Lynch (1/15, 22, 2/6, 13); or
- 2) Mail Registration form & check to PO Box 3232, Woburn MA01888 (must be received before 2/17/2017). Check payable to: WSCC ASP

- 3) Field trip is subject to change, the actual trip fee will be paid on site.

Part III: Parent/Guardian Information

Name
Relation to Student
Street Address
City/State/Zip
Reachable Phone number:
E-mail :
Emergency Contact (Name & Phone)

Part IV: For Administration Use Only:

Site:	Winchester	Belmont
Payment received Check #	\$ Amount	Date
Notes:		

WINCHESTER SCHOOL OF CHINESE CULTURE
TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ PARENT DROP OFF

_____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ PARENT PICK UP

_____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the day as stated above and/or I give my permission to the following people to receive my child at the end of the day.

(If no one is authorized, please indicate below by writing "NO ONE")

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

Parent /Guardian Signature

Date (*valid for one year*)

WINCHESTER SCHOOL OF CHINESE CULTURE

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address & Phone #: _____

Child's Allergies/Special Diets: _____

Chronic Health Conditions: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (*valid for one year*)

**WINCHESTER SCHOOL OF CHINESE CULTURE
AFTER SCHOOL PROGRAM**

MINOR GENERAL RELEASE AND HOLD HARMLESS AGREEMENT

I, _____ am the parent or legal guardian of
_____ (the "minor"), who desires to participate in various
programs, courses, events or activities (hereinafter collectively referred to as the "Activities")
operated or sponsored by WSCC ASP (hereinafter referred to as "WSCCASP").

I understand and acknowledge that WSCCASP will not allow the minor to participate in the
Activities without releasing and holding WSCCASP harmless from any liability arising out of the
participation of the minor in the Activities. I knowingly and freely assume all such risks, both known
and unknown, even if arising from the negligence of WSCCASP or others, and assume full
responsibility the participation of the minor. Specifically, I understand and acknowledge that the
minor may suffer or experience, among other things, personal injury or bodily damage, medical
disabilities, loss or theft of personal property, and even death.

I request that WSCCASP allow the minor to participate in the activities, and in consideration
thereof agree hereby to release and forever discharge WSCCASP, its officers, directors,
employees, agents, and any parties volunteering on behalf of WSCCASP, from all actions, causes
of action, injuries, claims, damages, costs or expenses of any kind growing out of or related to any
such activities in which the minor participates. I understand that this is a full and complete release
of all injuries and damages which I or the minor may sustain as a result of his or her participation in
any activities, regardless of the specific cause thereof.

I HAVE READ THIS MINOR GENERAL RELEASE AND HOLD HARMLESS AGREEMENT AND
FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS
AGREEMENT THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN
INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND I
SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature: _____

Name: _____
(Please print)

Date: _____