

# RECA Chinese Language Class Enrollment Form

Please use a separate form for each student enrolling  
Please make checks payable to RECA CHINESE SCHOOL

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate phone during class time \_\_\_\_\_

Parent's or guardian's name (if under 18): \_\_\_\_\_

## CLASS PREFERENCE

**Beginning Mandarin (5-10 yrs old)**  Saturday 9:00-11:30,  Wednesday 4:00-5:30

**Beginning/Intermediate Mandarin Older children and adults**  Saturday 9:00-11:00,  Wednesday 4:00-5:30

**Adult Mandarin (Intermediate to Functional Mandarin but want improvement)**  Saturday 9:00-11:30,  Wednesday, 4:00-5:30

**Cantonese:** all ages and levels in one class. Saturday 9:00-11:30 only. Please indicate level to assist teacher. \_\_\_ Beginning (up to 100 word vocabulary) \_\_\_ intermediate (less than 700 functional words) \_\_\_ Advanced/ functional but want improvement, especially in reading and writing)

**Viet Nameese, Beginning:** children 5-10 years old

Other: \_\_\_ English as a Second Language for Adults \_\_\_ Summer Camp (Children's Chinese Culture Camp

## WAIVER OF LIABILITY

In consideration of the acceptance of my application for the REDWOOD EMPIRE CHINESE ASSOCIATION Chinese School, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the RECA Chinese School or their responsible officers, directors, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said / or arising out of my traveling to, participating in and returning from said activities.

Signature: \_\_\_\_\_ Parent or guardian signature: \_\_\_\_\_

Required for adult students (over 18)

Required for students under age 18



## EMERGENCY INSTRUCTIONS

Required for children under 18, optional for adults

Parent/ Guardian: \_\_\_\_\_ Telephone if different from above: \_\_\_\_\_

Alternate name to call in emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Does this student have any physical ailments (such as diabetes, allergies, asthma, etc.) or does this student take medication during class time (Saturday 9:00-12:00 a.m.)

If yes, describe \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

Required for children under 18, optional for adults

I, hereby, give permission to RECA to obtain the services of a physician to provide prompt emergency medical treatment for (student) \_\_\_\_\_ should the need arise.

Medical insurance carrier: \_\_\_\_\_

Medical insurance number: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Required for children under 18