RECA Chinese Language Class Enrollment Form

Please use a separate form for each student enrolling
Please make checks payable to RECA CHINESE SCHOOL, send to RECA School, PO Box 7854, Santa Rosa, CA 95407

Name of student: _____Age: _____ Birth date: _____

Address: _____ City_____ Zip: _____

Telephone: _____ Alternate phone during class time_____

Parent's or guardian's name (if under 18): _____e-mail _____

CLASS PREFERENCE

□**Beginning Mandarin (5-10 yrs old) Saturday 9:00-11:30 AM,** □**Begin/Int. Mandarin all ages Wednesday 4:00-5:30 PM**
□**Beginning/Intermediate Mandarin Older children and adults Saturday 9:00-11:00 AM** □
□**Adult Mandarin (Intermediate to Functional Mandarin, wants improvement) Saturday 9:00-11:30 AM,** □
□**Cantonese:** all ages and levels in one class. Saturday 9:00-11:30 AM 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)
Other: _____ English as a Second Language for Adults ____Vietnamese, Beginning ____ Children's Chinese Culture Camp
For "others" time is TBA. Camp is during the summer only.

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

JHC: 6-06