

## 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*

*Continuing Mandarin and Beginning Mandarin for teens and adults: Saturday 9:00-11:00*

*Advanced Mandarin (Intermediate to Functional Mandarin, wants improvement) Saturday 9:00-11:30*

**Pre-School Play Group: children 2-4 years old with parent(s), 10:30-11:30**

**Children's Chinese Culture Camp. Camp is one week during the summer, dates TBA. \_\_\_\_\_ 5-10**

### 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: 9/10

Please use additional paper if needed.