

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
- Advanced Beginning Mandarin:** Saturday 9:00-11:30
- Intermediate Mandarin** Older children and Beginning Mandarin for 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 summer only, dates TBA.** _____ 5-8 yrs _____ 9-12 yrs

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. Use back if necessary _____

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