

Worldplus Chinese School (WCS)

After-school Registration Form 2019-2020

Student's name:	Chinese name:	
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School name:	Grade:	
Parents/Guardians Contact Information		
Name (first, last)	Relationship	
Street Address, City, Zip		
Home Phone	Cell Phone	
Email	Work Phone	
Name (first, last)	Relationship	
Street Address (if different), City, Zip		
Home Phone	Cell Phone	
Email	Work Phone	
Required Emergency Contacts		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
Authorized Persons for Pick up		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
Medical Information		
Insurance Provider	Policy Number	

Primary Physician's Name	Phone																		
Dentist's Name	Phone																		
Does your child have any allergies or health programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:																			
Parent or Guardian Authorization <input type="checkbox"/> I give my permission for minor medical assistance to be administered to my child (i.e., antiseptic and bandages for cuts) by WCS. In difficult or severe cases, an ambulance will be called and you and your pediatrician will be notified. <input type="checkbox"/> I give permission for my child to be photographed during classroom hours or field trips by their teachers. The photos may be used for publicity, marketing, advertising or news purposes only. <input type="checkbox"/> I give WCS permission to offer my child snacks. (We do not offer food for special diets. If your child is on a special diet, please self-bring) Parent/Guardian Signature _____ Date _____																			
Registration and tuition a) Non-refundable registration and material fee of \$50 per child. b) Tuition fee: please circle the weekly program you want. c) Payment is fixed monthly with 25% off in December, March and June for vacation terms. Discounts we offer: Two or more children will earn a 5% discount applied to the total monthly payment. No refund for personal sick days, holidays or personal vacation days. Missed days are forfeited.																			
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 15%;">Days</th> <th style="width: 15%;">5 days</th> <th style="width: 15%;">4 days</th> <th style="width: 15%;">3 days</th> <th style="width: 15%;">2 days</th> <th style="width: 15%;">1 day</th> </tr> <tr> <td>Tuition without transportation</td> <td>\$315</td> <td>\$275</td> <td>\$230</td> <td>\$165</td> <td>\$85</td> </tr> <tr> <td>Tuition with transportation</td> <td>\$330</td> <td>\$285</td> <td>\$240</td> <td>\$170</td> <td>\$90</td> </tr> </table>		Days	5 days	4 days	3 days	2 days	1 day	Tuition without transportation	\$315	\$275	\$230	\$165	\$85	Tuition with transportation	\$330	\$285	\$240	\$170	\$90
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Early release day: please add \$35 per month																			

Total monthly tuition:

Transportation plan:

☐ My child will be taking the school bus to WCS.

☐ I will take my child to WCS

☐ WCS has my permission to pick up my child from _____(school) at
_____ (time)

Parent Survey:

What is your purpose in having your child join the WCS after-school program?

What does your child like to do?

Is there anything about your child that we need to know (physically, emotionally, etc.)?

Does your child have any food restrictions?

Please return this form with registration fee in cash or by check to “Worldplus Education and Cultural Exchange,” 330 NW 107th Ave., Portland OR 97229.

Student’s spot in the class will not be held until the \$50 registration fee is received.