



SCV Chinese School

Santa Clarita Valley Chinese School

Contact: 1-661-505-8020

principal@scvChineseSchool.com, www.scvChineseSchool.com

SCVi Introductory Registration Form (Spring 2010)

PARENTS OR GUARDIAN INFORMATION

NAME: Mr. _____ E-MAIL _____ Cell phone: _____

Mrs./Ms. _____ E-MAIL _____ Cell phone: _____

ADDRESS: _____

HOME PHONE: _____ Other E-MAIL(s): _____

EMERGENCY CONTACT PERSON (Other than parents or guardian)

NAME: _____ PHONE _____ RELATIONSHIP: _____

STUDENT(S) ENROLLMENT INFORMATION

ENGLISH NAME	SCVi Class	GENDER	DOB (MM-DD-YYYY)	TUITION*
_____	_____	_____	_____	\$0 (1 st)
_____	_____	_____	_____	\$0 (2 nd)

Held weekday at SCVi: one class per week, 16 weeks; Session (Circle One) Morning / Afternoon

NON-REFUNDABLE FEES:

TEXT BOOKS + MATERIALS FEE PER STUDENT: \$10 + \$10 _____

SPRING REGEISTRATION FEE PER STUDENT: \$25 (by 12/18/09) _____

SPRING REGEISTRATION FEE PER STUDENT: \$50 (mail 12/27/09) _____

Mailing Address: SCVCS, 32210 N. Vista Point Pl, Castaic, CA 91384

TOTAL AMOUNT: Check# _____ (PAYABLE TO SCV CHINESE SCHOOL or SCVCS) \$ _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND WAIVER OF CLAIMS

I, hereby, give permission for the above registered student(s) to participate in Santa Clarita Valley Chinese School (SCVCS) language classes and cultural activities for the current semester/year. Should she/he become ill or injured during the school hours, she/he may receive necessary first aid and medical treatments. This authorization is given pursuant to Section 25.8 of the civil code of California State.

I will not hold SCVCS, its officers or teachers liable for medical and other expenses incurred in her/his care. I am hereby, waiving all claims against the SCVCS for injury, accidents, illness or death occurring during the program hours.

Parent/Guardian/Adult Self Signature

Date

School Use: Total Received

By

Date