



Chinese School

Learn Chinese, Think Globally

107-06 71st Road, 2nd Floor, Forest Hills, NY 11375

Office: (718) 575 8877 Mobile: (917) 224 5081 E-mail: info@isteinny.com Website: www.isteinny.com

REGISTRATION FORM

Date of Application: _____ / _____ / _____

Child Information

Child's Name (First Name, Last Name)

Nick Name

Age

Gender (M/F)

Date of Birth (mm / dd / yy)

Primary Language at home

Child is allergic to

Name of School

Grade

Class #

School Dismissal Time

Knowledge of Chinese ? Y N Simplified Chinese Y or Traditional Chinese Y

Family Information

Primary Parent /Legal Guardian (first name, last name)

Other Parent/ Guardian (first name, last name)

Address (street # and name)

Address (if different from primary)

City, State, Zip

City, State, Zip (if different from primary)

Home Phone

Home Phone (if different from primary)

Work Phone

Work Phone

Cell Phone

Cell Phone

Email

Email

Additional persons authorized to pick up child from ISTEIN (Name, phone & relationship):

Emergency Contact Information

First/Last Name

Relationship to Child

Address (Street # and name)

City, State, Zip

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Work Phone

(_____) _____ - _____
Cell Phone

Health & Medical Information

List Any Health or Medical Conditions

List Current Medications* and Side Effects

*If your child is taking medication, you must complete Authorization to Administer Medication Form.

Physician's Name

(_____) _____ - _____
Physician's Phone Number

List any additional information that staff need to be aware of for the well-being of your child.

I verify that my child is of good mental and physical health, and may participate in the ISTEIN Chinese School. I also verify that my child's immunization shots are up to date. I give permission to authorize emergency care to my child in the event that neither I nor the physician can be contacted.

Signature of Legal Guardian/Parent

_____/_____/_____
Date

(Parent/Legal Guardian Name) do hereby grant permission for

(Student's Name) to attend ISTEIN Chinese School program.

Parent / Legal Guardian's Signature: _____ **Date:** ____/____/____

For more information please visit:
www.isteinny.com



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Chinese School Program Tuition / Fee

**Fall Semester Saturday Classes (2014-2015)
(09/06/2014 – 01/31/2015)**

September: 9/6, 9/13, 9/20, 9/27

October: 10/4, 10/11, 10/18, 10/25

November: 11/1, 11/8, 11/15, 11/22

December: 12/6, 12/13, 12/20

January: 1/10, 1/17, 1/24, 1/31

11/29: no class (Thanksgiving weekend)

12/27: no class (Christmas weekend)

01/03: no class (New Year Day weekend)

Total: ~~855~~ \$ 769

Single Class: \$ 45

Absence and Late: No refund, no credit, and no make-up for missed classes, unless classes are cancelled by school. ISTEIN reserves the right to cancel a class for any reasonable cause.

Refund Policy for Cancellation: Tuition need to be paid in full before Saturday September 6, 2014, the first day of school; 80% refund before Friday September 13, 2014; NO refund afterward.

FEES:

- | | | |
|--------------------------------------|-------|-------------------------------|
| <input type="checkbox"/> Enrollment: | \$30 | PAID <input type="checkbox"/> |
| <input type="checkbox"/> Insurance: | \$20 | PAID <input type="checkbox"/> |
| <input type="checkbox"/> Textbooks: | *FN | PAID <input type="checkbox"/> |
| <input type="checkbox"/> Materials: | \$ 15 | PAID <input type="checkbox"/> |
| <input type="checkbox"/> Others: | *FN | PAID <input type="checkbox"/> |

Note: *FN = Further Notice

FOR OFFICE USE ONLY PAYMENT INFORMATION:

Total: _____

Check Cash

Bank: _____

Check No: _____

Receipt No: _____

Registered by: _____

Entered by: _____

REMARK:

Please make checks payable to

ISTEIN GLOBAL GROUP INC.