

Bel-Red Bilingual Academy Registration Form for Adult Chinese Program – 成人中文注册表

Student Name (学生英文姓名) _____

Student Chinese Name (学生中文姓名) _____

Birthday (出生日期) _____ Gender (性别) M F

Home Address (家庭住址) _____

Home Phone (家庭电话) _____ Mobile Phone (手机) _____

Email (电邮信箱) _____

Work Place (工作单位) _____

Work Phone (办公室电话) _____

Emergency Contact

Emergency Contact Name 1: _____ Phone _____

Relationship with the student _____

Emergency Contact Name 2: _____ Phone _____

Relationship with the student _____

Medical Information and Release for Emergency Medical Treatment

Allergies (if any) _____

Insurance company _____ Policy # _____

Doctor Name _____ Doctor Phone _____

I authorize the school, in the event of a medical emergency, to contact Medic I, a licensed ambulance service, or a legal representative (employee) of the school, to transport me _____ to a licensed and accredited medical hospital for emergency medical treatment.

Signature _____ **Date** _____

Courses (课程选择)

- Chinese 中文:** Monday 6:30pm – 8:00pm
 Tuesday 1:00pm – 2:00pm
 Saturday 9:30am – 11:30am

Tuition (学费)

- Monday, 6:30pm – 8:00pm, 16 weeks, 24 hours per session \$249.00 / semester
Tuesday, 1:00pm - 2:00pm, 10 weeks, 10 hours per session \$110.00 / session
Saturday, 9:30 – 11:30, 16 weeks, 32 hours per semester \$330.00 / semester

- Textbook \$15.00 – \$19.95 each book
One time non-refundable registration fee \$15.00

Total Amount paid \$ _____

Check payable to: Bel-Red Bilingual Academy
Mailing address: 15061 Bel-Red Road, Bellevue, WA 98007

Signature _____

Date _____