

Bel-Red Bilingual Academy Registration Form for Saturday Program – 周六课程注册表

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 (电话) _____

Parents or Guardians

Father's Name (父亲姓名) _____ Email _____

Work Phone _____ Mobile Phone _____

Mother's Name (母亲姓名) _____ Email _____

Work Phone _____ Mobile Phone _____

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 my child _____ to a licensed and accredited medical hospital for emergency medical treatment.

Signature _____ **Date** _____

Courses (课程选择)

Chinese 中文: Kin 1st 2nd 3rd 4th
 (9:30 – 11:30) 5th 6th 7th AP1 AP2
 AP3 AP4 AP5 AP6

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Tuition (学费)

(Each semester has 16 weeks. The calendar is at <http://www.brbacademy.com/SaturdaySchedule.html>)

Classes and class hours	Payment 1	Payment 2
Chinese pre- K ~ 6 th grade	<input type="checkbox"/> \$370.00 / school year (学年)	<input type="checkbox"/> \$195.00/ semester
AP Chinese	<input type="checkbox"/> \$370.00 / school year (学年)	<input type="checkbox"/> \$195.00/ semester
Adult Chinese		<input type="checkbox"/> \$330.00/semester

Books (教科书)

Chinese textbooks (K – 6 th grade)	<input type="checkbox"/> \$10.00
Pin Yin Book for Chinese 1st grade	<input type="checkbox"/> \$8.00
AP Chinese textbook	<input type="checkbox"/> \$15 - \$35 each book
Other material according to the teacher	

One time nonrefundable registration fee: \$15.00

Total Amount paid \$ _____

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

Parent / Guardian Name (print) _____

Signature _____ **Date** _____