

Bel-Red Bilingual Academy

Registration Form Chinese AM Program (4 – 5 yrs old)

9:00am to 11:45am

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) _____ Date of last Physical exam _____

Insurance company _____ Policy # _____

Doctor Name _____ Doctor Phone _____

Non-refundable registration fee: \$50.00

Check payable to: Bel-Red Bilingual Academy

Tuition: \$545.00 per month.

Mailing address: 15061 Bel-Red Road, Bellevue, WA 98007

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** _____