

2023 Fall Registration Form



Student Information

Student 1 Name _____ Birth Date ____/____/____ Gender ___ Male ___ Female
 Student 2 Name _____ Birth Date ____/____/____ Gender ___ Male ___ Female
 Home/Mailing Address: _____ City _____ State _____ Zip _____
 Work/School Place: _____ Home Phone: _____
 Cell#(parent's cell if minor): _____ Email: _____
 Parent's Name(if minor): _____ Parent's Email(if minor): _____

Class Choices (08/21-12/16/2023)

CLASS	SATURDAY (14wks)	WEEKDAY (14wks; Language class only)	
Chinese Language(K) (1)	2:15 – 3:45pm	Tuesday/Thursday	5:00-6:30pm
Chinese Language (2)		Monday	4:30-6:00pm
Chinese Language (3)		Tuesday/Thursday	5:00-6:30 pm
Chinese & Activities/Drawing	4:00 – 5:00 pm		
AP Chinese	1:00-2:00pm	Wednesday	5:00-6:30pm
Mommy & Me		Friday	10:00-11:00am
Other classes: Private; semi-private; adult, math, pre K...			

Tuition & Fees

CLASS	REGISTRATION	TUITION	TEXT/MATERIALS	Discount on tuition (group class only)
Chinese Language once a week	\$20.00	\$ 450.00	\$30-\$70.00	Siblings: 5% off Adopted Child: 5% off College Student: 5% off Early Registration (one week ahead): \$10 Registration after class started: \$20.00
Chinese Language Twice a week	\$20.00	\$ 850.00	\$30-\$70.00	
Chinese Language 3 times a week	\$20.00	\$1150.00	\$30-\$70.00	
Chinese & Activities/Drawing	\$20.00	\$380.00	\$20.00	
AP/Advanced Chinese Class	\$20.00	\$580.00	\$30-\$70.00	
Mommy & Me	\$20.00	\$420.00	\$30-\$70.00	
Pre K Program	See Pre K registration form			

Parent / Student Signatures

Read attached Medical & Covid Liability Waiver, Release of Claims, Media Release Form, and sign your name on the form

All fees are non-refundable and non-transferable. The fees are not allowed to transfer to another student, class, or semester. Please sign your name here _____.

Office Use Only

	Registration	Tuition	Textbook	materials	Discounts	TOTAL PAYMENT
Student 1						
Student 2						

Please send this form with your payment to: Lone Star Chinese School, 426 Keller parkway #600 Keller, TX 76248
 Email: LonestarChinese@gmail.com Website: www.LearnChineseinDFW.com Telephone: 817 690-2093

**LONE STAR CHINESE SCHOOL
MEDICAL & COVID LIABILITY WAIVER
RELEASE OF CLAIMS
MEDIA RELEASE FORM**



I, _____ (parent's name), as the parent/guardian of:
_____ and _____ (student/students' name)

- I hereby give my approval to enroll above student/students to LONE STAR Chinese School.
- I hereby give my permission to above student/students to participate in all Chinese school activities.
- I hereby release LONE STAR Chinese School, its teachers, volunteers, guests, other parents, and students from liability for any illness, injury, misadventure, harm of any kind suffered because of participation in Chinese school camps, classes, and all activities.
- By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that above student/students and I may be exposed to or infected by COVID-19 by attending activities in LONE STAR Chinese school. I further acknowledge that LONE STAR Chinese school will not be liable if above student/students and I are infected by COVID-19.
- I hereby give my permission to LONE STAR Chinese school to act as guardian if I cannot be contacted in the event of an accident or medical emergency involving my child/children. Also, in the event of emergency, the school has my permission to obtain medical treatment for the proper care and well-being of my child/children. All the cost is my responsibility.
- I hereby give my permission to LONE STAR Chinese school to take photos and videos of above student/students. The photos and videos may be released to the school, or other related flyers, websites, newsletters, weekly bulletin board, etc.

Student 1 Name: _____

Date of Birth: _____

Allergies: _____

Any conditions (not limited to medical) the school needs to be aware of _____

Student 2 Name: _____

Date of Birth: _____

Allergies: _____

Any conditions (not limited to medical) the school needs to be aware of _____

Home Address: _____ City: _____ State: _____ Zip: _____

Father Name (printed) _____ Phone # _____

Mother Name (printed) _____ Phone # _____

Emergency Contact _____ Phone # _____

Emergency Hospital You Prefer _____ Phone# _____

Signature of Parent /Guardian: _____ **Date:** _____