

**VCCAA Chinese School**  
**Registration Form for Spring, 2019**  
**(February 3, 2019 – June 16, 2019)**

**School Site: Boys & Girls Club of Camarillo, 1500 Temple Avenue, Camarillo, CA 93010**

**Family Information:**

**Father's Name: (Eng) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_**

**Mother's Name: (Eng) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Languages Spoken at Home \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_**

**Classes Offered: Level 1-4, Adult Chinese Conversation, Adult English Conversation (English as a Foreign Language)**

**Tuition and Registration Fees: (per student per semester)**

**\$250 per course per semester**

**New students must also join VCCAA (\$25 per year/family); and a PTA fee of \$8/child.**

**Early registration discount of \$20 before January 15, 2019. Early registration helps us plan for classes and appropriate class level placement. \$20 discount for more than two students per family. Please also sign Liability Release Form on reverse side.**

**Student Information:**

**First Name    Last Name    Chinese Name    Sex M/F    DOB mm/dd/yy    Preferred Class**

\_\_\_\_\_

**School    School District    Grade    Cell#    Email**

\_\_\_\_\_

**Make Checks payable to: VCCAA Chinese School**

**Mail to: VCCAA Chinese School, P.O.Box 806, Camarillo, CA 93011-08**

## Release of Liability

We/I, the parents /parent/guardian of \_\_\_\_\_ do hereby

Release the Ventura County Chinese American Association Chinese (VCCAA) School, its teachers, volunteer administrators, and parent helpers of all liability associated with the VCCAA Chinese School. We realize the school is a non-profit organization and I do not hold the above-mentioned persons and organization liable for any accident or for any other reason that may cause injury or other effects to my child while attending the VCCAA Chinese classes or events. I also understand that during school activities, my child/children and/or my family members' image may be taken for educational and memoir purposes.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Allergies and medical information:

Name of student: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication \_\_\_\_\_ Other medical information: \_\_\_\_\_

### Calendar for Chinese Language School, Spring 2919

Class Days: 17

Spring Semester

FEB: 3 (fall semester fire makeup class), 10, 17, 24

MAR: 3, 10, 17, 24, 31

APRIL: 7, 28

MAY: 5, 12, 19, 26

JUNE: 9, 16