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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  | Chinese Name: |  |  |
| (英文姓名) |   |   |   |  | (中文姓名) |   |   |
|  |  |  |  |  |  |  |  |  |
| Sex: |  |  |  |  | Date of Birth(y/m/d): |  |  |
| (性別) |   |   |   |  | (生日) |  |   |   |
|  |  |  |  |  |  |  |  |  |
| Age: |  |  |  |  | Please select the semester & year: |   |  |  |
| (年龄) |   |   |   |  | Spring \_\_\_\_\_\_\_ |  | **Example** |   |
|  |  |  |  |  | Fall \_\_\_\_\_\_\_\_\_\_ Summer \_\_\_\_\_\_ |  | Fall 2013 |  |
| Address: |  |  |  |  |  |  |  |  |
| (住址) |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |
| Father's Name: |  |  |  |  | Phone #: |  |  |  |
| (父亲姓名) |   |   |   |  | (父亲联络电话) |   |   |
|  |  |  |  |  |  |  |  |  |
| Mother's Name: |  |  |  | Phone #: |  |  |  |
| (母亲姓名) |   |   |   |  | (母亲联络电话) |   |   |
|  |  |  |  |  |  |  |  |  |
| E-mail: |  |  |  |  |  |  |  |  |
| (电子邮件) |   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Emergency Contact: |  |  |  | Phone #: |  |  |  |
| (紧急联络人) |   |   |   |  | (联络电话) |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Language Proficiency: |  | a) None to little (无到初学中文) |  |  |
| (中文程度) |  |  | b) Average (中级中文) |  |  |  |
|  |  |  | c) Good (流利中文) |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Why do you want your son(s) or/ and daughter(s) to learn Chinese? |  |  |
| 为何你要你的孩子学中文？ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| What are your expectations in our Chinese Lessons in this semester? |  |  |
| 你希望您的孩子在这学期学到什么？ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |   |

North American Export Council

North American Chinese School Waiver form

North American Export Council (North American Chinese School), our teacher(s) and supervisor(s) are only responsible for Chinese courses and study time at the stated location and processing administration work if needed.

All class and education materials are only for our Chinese courses in North American Chinese School and must not be re-produced without the consent of North American Export Council.

Thus, North American Export Council (North American Chinese School), Community Church, Falls Baptist Church, Pilgrim United of Christ Church, Mount Zion Lutheran Church, and plus all its teachers, supervisors and members are not responsible for any accidents. North American Chinese School will take pictures and videos during our courses. By signing this document, the parent(s) or guardian(s) approve that all photos and videos produce at North American Chinese School can be used on North American Chinese School web sites and promotion materials plus waive(s) any rights to sue North American Export Council or North American Chinese School or / and Community Church plus Pilgrim United of Christ Church, Falls Baptist Church and Mount Zion Lutheran Church if any accidents do happen and agree to all the above terms.

Only after signing this form plus full payment, the student(s) listed in the form will officially begin our Chinese courses or/and study time organized by North American Chinese School.

This waiver form has been executed by the parent(s) or guardian(s) voluntarily and with full knowledge of the rights afforded him/her under the laws of the State of Wisconsin.

Parent’s / Guardian’s Signature Date Check Amount

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Students’ Names**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please make check payable to “**North American Chinese School**”, print your child’s/children’s name(s) on the check, and mail the registration form and the check to:

**North American Chinese School**

Chris Gan / Shih-Chen Huang

742 Creekwood Lane

West Bend, WI 53095

Tel: (262) 339-8518

You can also e-mail us at chris@northamericanchineseschool.com

**Note:** Please let us know whether your child (children) is (are) allergic to any materials or substances.