

Plainview Chinese Cultural Center / Crestwood Country Day School

Summer 2011 Enrollment form

Last Name: _____ Home Phone: (____) _____

(PLEASE PRINT)

Child's Name	Chinese Name 中文名字	English Name 英文名字	sex	Birthday Mo/Day/Yr	Age Now	Check One Box	
						July	August
Child 1							
Child 2							
Child 3							

Address: _____ Town: _____ Zip: _____

Mother's Name: _____ Business Phone: (____) _____

Cell Phone: _____ E-mail Address: _____

Father's Name: _____ Business Phone: (____) _____

Cell Phone: _____ E-mail Address: _____

Emergency Contact & Phone: _____ (____) _____

School Attending: _____ Program Attended Last Summer (if not Crestwood): _____

Number of summers completed at Plainview Chinese Cultural Center: _____

Kindly include (or e-mail) a recent individual portrait (photo) of your child/ren

2011 GROUPING REQUESTS

NAME OF YOUR CHILD/REN ENROLLED REQUEST(S) (IN ORDER OF PREFERENCE) PLEASE LIMIT TO 3

- 1) _____
- 2) _____
- 3) _____

2011 CALENDAR OF SUMMER PROGRAM

JULY - Tuesday, July 5 - Friday, July 29

AUGUST - Monday, August 1 - Friday, August 12

I AGREE TO PAY TUITION FEES AND ABIDE BY REFUND POLICY. After March 15th a change of enrollment must be approved by the Directors and will cost \$100 additional per child. If tuition is not received by May 1st, a late fee of \$100 will be charged to your tuition or your enrollment will be cancelled. There are no refunds for any reason.

For the benefit of your child, the Directors should be made aware of any treatment for emotional, neurological, physical or psychiatric disorders. In addition, any child who presents a risk to themselves or others may be discharged from Plainview Chinese Cultural Center/Crestwood Country Day School at the discretion of the Directors. For any reason other than non-payment of tuition as stated previously, Plainview Chinese Cultural Center/Crestwood Country Day School reserves the right to cancel the enrolment and refund a pro rata amount of the tuition (based on number of days attended).

In the event I cannot be reached by phone, I hereby give permission to any local doctor or hospital and Plainview Chinese Cultural Center/Crestwood Country Day School to administer emergency treatment to my child/ren.

I give my permission to Plainview Chinese Cultural Center/Crestwood Country Day School to take my child/ren on off-campus trips including trips that involve swimming or water activities and to use photos of my children for promotional purposes.

Plainview Chinese Cultural Center/Crestwood Country Day School will not be responsible for loss of valuables or personal articles. We recommend valuables be left at home.

I agree that any dispute concerning, relating, arising out of referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Suffolk County, NY according to the then existing commercial rules of the American Association and the substantive laws of that state.

Date: _____ Parent Signature: _____