Madison Chinese Language Schoo

http://mcls-wisc.org P.O. Box 5037, Madison, WI 53705

Application/Registration Form 2025-2026 2025-2026 年度报名表

Student Information _____ First name _____ Chinese Name (中文名字) Last name Date of birth ____/___ Gender ____ M ____F Home phone: (_____)_____ Address ____ ___ State _____ Zip ____ New student, not previously enrolled in MCLS: Email(s)(Please print legibly): _ Continuing Student: Important information will be sent via email! Student Enrolling into Fee* **Parents Information** Time Subject (Sunday) 2 semesters | 1 semester Father's name ___ Chinese Beginner (NC) 1:00-2:50 pm \$520 \$280 Chinese Intermediate 1 (NC) 1:00-2:50 pm \$520 \$280 Chinese Name (中文名字) ______ П \$280 Chinese Intermediate 2 (NC) 1:00-2:50 pm \$520 Chinese Intermediate 3 (NC) 1:00-2:50 pm \$520 \$280 Cell Phone _ Chinese Intermediate 6 (NC) 1:00-2:50 pm \$520 \$280 \$280 Chinese 1 (C) 1:00-2:50 pm \$520 Mother's name П Chinese 2 (C) \$280 1:00-2:50 pm \$520 Chinese Name (中文名字) _____ 9:30-11:20 am Chinese 3 \$280 Cell Phone 1:00-2:50 pm Willing to help if needed Chinese 4 \$520 \$280 1:00-2:50 pm Chinese 5 \$520 \$280 □ Willing to teach at MCLS Chinese 6 1:00-2:50 pm \$520 \$280 Comments on your special skills, subject you can teach: 1:00-2:50 pm П Chinese 7 \$520 \$280 \$280 Student's Health Care Related Chinese 8/AP 1:00-2:50 pm \$520 П П Chess Class 11:45am-12:45 pm \$170 Medical Insurance Provider Interest Club TBD Allergies_ TBD Adult Class \$520 \$280 Doctor's Name TRD П Private Lesson Doctor's Phone ___ Note: \$10 off for each Chinese class if the completed registration form and payment are received by MCLS on or before July 15, 2025. Text books are included except PLEASE MAKE CHECKS PAYABLE TO: for Chinese Beginner, Intermediate, and AP class. Madison Chinese Language School There are two semesters in the school year (Sept - Dec 2025, Jan -May 2026). You Check #: Amount: ____ can choose to pay for 2 semesters at once (recommended) or pay for 1 semester at a Mail payment and registration form to: Total: Madison Chinese Language School P.O. Box 5037 Madison, WI 53705 If paying via Zelle: MCLS Zelle Account: MCLS_2023@hotmail.com Waiver: My child (name) has my permission to participate in all indoor/outdoor activities organized by the Madison Chinese Language School. I agree to bring my child to school for classes and to pick him/her up immediately at the end of school. If I fail to pick up my child on time at the end of classes, I agree to pay possible late charges. I will not hold the Madison Chinese Language School, its host facility, or any of its regular staff and volunteer workers liable for injury, accidents, illness or other unexpected occurrences during school hours and school-organized activities. In case of medical emergency, the school personnel on duty have my permission to seek emergency treatment for my child until I can be contacted. I have read and understood the foregoing statements. I have read and understood the MCLS guidelines (http://www.mcls-wisc.org/co_guide.php) and policy (http://www.mcls-wisc.org/us_policy.php). I agree to assume the responsibility stated above and waive all claims as indicated. Photo/School Work Release Agreement: ☐ MCLS may use any photos taken of my child during MCLS classes or events for education and program advertisement /recruitment purposes. ☐ MCLS may use any photos my child's school handwriting work for education and program advertisement /recruitment purposes. Parent Signature: ___ Name (print): English: ____ 中文: _____