



密西根中文學校 Michigan Chinese School

2010-11 Calendar Year Fall Semester Registration Form

www.michiganchineseschool.org

I. Please fill out the black fields (all required).

II. Please fill out the red fields only if the information has been changed or is shown incorrectly in the 2009-2010 MCS Directory (new students required).

1. Student Information (for MCS family directory):

Last Name	First Name	Chinese Name	Birth Date	Gender	American School Grade (2010-11)	*Regular Class	*Ma-Liping Class	*CSL
						Check only one for each student		

*Choose K=Kindergarten; Grades 1 ~ 8 & High School for regular Chinese classes / M10 ~ M12 for Ma-Liping classes.

Final classes will be determined by the number of students registered. Classes planned to be offered: Pre-K, K, 1, 2, 3, 4, 5, 8, 9, 10, M10, CSL

2. Family Information (for MCS family directory) :

	Last Name	First Name	Chinese Name	Office Phone	Phone (Cell)	Email
Father						
Mother						
Emergency Contact						

3. Home Information (for MCS family directory):

Street Address		City		Zip		Phone	
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4. Medical Information:

Physician	Last Name	First Name	Phone	Hospital/Clinic	Remark

5. Tuition and Textbooks: (Please make check payable to: Michigan Chinese School)

Number of students	(1) \$ 150 each for 1-2 students	(2) \$ 135 each for 3 rd and more students	(3) \$20 per student Registration Fee (Pre-registration period** & new students, waived)	Total \$ = (1) + (2) + (3)	Check Number

**** Pre-registration period is the last two weeks of the previous semester.**

I/We _____ parent/guardian of above student(s), hereby release, discharge and agree to hold harmless, the Michigan Chinese School and Madonna University, their representatives and assigns, and all persons acting under their permission and authority, from any liability whatsoever for any and all claims of any nature which may arise out of attendance (including myself/ourselves and our minor(s)) at the above said schools during the above said school year. This release covers myself/ourselves and any of my/our family members.

Parent/Guardian Signature _____ Date _____ Referral _____