

芳草 地 中 文 学 校

FCD REGISTRATION

School Location: 450 Division St, Edison, NJ 08817
Mailing Address: P.O. BOX 10453, New Brunswick, NJ 08906,
Website: www.fcdschool.org
Contact: 周老师 609-479-3519, Jean Cai 732-841-2984

School Year	2014-2015	FCDID	Registration Day
Father's name			Tel(H)
Mother's name			Tel(C)
E-mail :			
Mailing address			

To complete registration, ALL students and parents/guardians must READ and SIGN the following. For students age 18 or under, their parents/guardians must sign.

Release of Liability: In consideration of the activities at John Marshall School Edison, NJ, sponsored by fcd School, a nonprofit organization, I, the undersigned, understand and agree that the said fcd Chinese School, its officials, teachers, or volunteers, will not be held responsible for any injury or accident sustained by any member of our party, or, for the loss of any property belonging to any member of our party or anyone else.

Parent's Agreement: I understand that John Marshall School forbids the use of the School's athletic and other facilities or areas not designated for fcd's instructional activities. I further understand that any violations could (a) threaten the relationship between fcd and John Marshall School, and (b) be punished under local laws. I agree to indemnify the fcd for any fines, remedies, and punishments rendered or ordered as the result of any such violations. (c) I give permission for my child (ren) to be photographed.

Tuition Refund: 100% tuition refund before or on the school opening day, 70% before or on the second school day, 50% before or on the third school day, and no refund after third school day. Registration fee and text book fee will not be refunded.

学生姓名										
Name (English/Chinese)	Birthday dd/mm/yy	M F	reg fee \$25.00	Chinese 班级	一年 半年	\$350.00 \$200.00	text book	Culture	一年 半年	\$180.00 \$100.00
		小记								
Management fee	\$55.00	Early registration discount								
Extra cost		for:					deduction\$			
check	cash	#		paid			Total			
							balance			
Note										

Parent's/Guardian Signature _____ Date _____

Make check Payable To: FCD School

Mailing Address: P.O. BOX 10453, NEW BRUNSWICK, NJ 08906

Received by _____ Date _____