

Madison Fine Arts Chinese School
童心艺术中文学校
Registration Form 2024 - 2025

Child's Name		Parents' Names		Cell Phone	
English Name	中文姓名	Father			
Gender	Birth Date	Mother			
<input type="checkbox"/> New student, not previously enrolled in MFACS. <input type="checkbox"/> Continuing students.					
Home Address		Courses			
Home Phone:	WeChat:	Email:	中文班 Chinese <input type="checkbox"/> K 1:15 <input type="checkbox"/> I 1:15 <input type="checkbox"/> II 1:15 <input type="checkbox"/> III 1:15 <input type="checkbox"/> IV 3:15 <input type="checkbox"/> V 3:15 <input type="checkbox"/> VII 3:15 <input type="checkbox"/> VIII 3:15 <input type="checkbox"/> VIII 3:15 <input type="checkbox"/> AP 3:15	国际象棋班 Chess <input type="checkbox"/> Chess I 3:15 <input type="checkbox"/> Chess II 1:15 少儿音乐班 Music <input type="checkbox"/> 3:15 英文读写班 English Reading & Writing <input type="checkbox"/> 1:15	美术书法班 Fine Arts & Calligraphy <input type="checkbox"/> 3:15 奥数竞赛班 Math Olympiad <input type="checkbox"/> 1:15
Child's special interests/requirements					
Parents' special requirements					
Student's health care related:					
Medical Insurance provider:		Doctor's name:			
Doctor's phone:		Allergies:			
<input type="checkbox"/> We may occasionally post your child's pictures on our website or other publicity materials. If you don't like your child's pictures to be seen, please check the mark.					

Waiver:
 My child (name) _____ has my permission to participate in all indoor/outdoor activities organized by the Madison Fine Arts Chinese 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 Fine Arts Chinese 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 agree to assume the responsibility stated above and waive all claims as indicated.

Parents' Signature: _____ **Date:** _____