

# Madison Fine Arts Chinese School

## 童心艺术中文学校

### Registration Form 2026 - 2027

Child's Name		Parents' Names		Cell Phone	
<b>English Name</b>	中文姓名	<b>Father</b>			
<b>Gender</b>	<b>Birth Date</b>	<b>Mother</b>			
<input type="checkbox"/> New student, not previously enrolled in MFACS. <input type="checkbox"/> Continuing students.					
<b>Home Address</b>		<b>Courses</b>			
<b>Home Phone:</b>	<b>WeChat:</b>	<b>Email:</b>	<b>中文班 Chinese</b> <input type="checkbox"/> AP 1:15-3:15 <input type="checkbox"/> K 1:15-3:15 <input type="checkbox"/> I 1:15-3:15 <input type="checkbox"/> II 1:15-3:15 <input type="checkbox"/> III 1:15-3:15  <input type="checkbox"/> IV 3:15-5:15 <input type="checkbox"/> V 3:15-5:15 <input type="checkbox"/> VI 3:15-5:15 <input type="checkbox"/> VII 3:15-5:15 <input type="checkbox"/> IX 3:15-5:15 <input type="checkbox"/> AP 1:15-3:15	<b>英文读写班</b> <b>English Reading &amp; Writing</b> <input type="checkbox"/> 1:15-3:15  <b>国际象棋提高班</b> <b>Advanced Chess Class</b> <input type="checkbox"/> 1:15-3:15  <b>奥数竞赛提高班</b> <b>Math Olympiad</b> <input type="checkbox"/> 1:15-3:15	<b>美术书法班</b> <b>Fine Arts &amp; Calligraphy</b> <input type="checkbox"/> 3:15-5:15  <b>国际象棋基础班</b> <b>Elementary Chess Class</b> <input type="checkbox"/> 3:15-5:15  <b>数学思维启蒙班</b> <b>Mathematical Thinking</b> <input type="checkbox"/> 3:15-5:15
<b>Child's special interests/requirements</b>					
<b>Parents' special requirements</b>					
<b>Student's health care related:</b>					
Medical Insurance provider:		Doctor's name:			
Doctor's phone:		Allergies:			

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 a medical emergency, the school personnel on duty have my permission to seek emergency treatment for my child until I can be contacted. I agree that the school may occasionally post my child's photos on its website or in other publicity materials. 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:** \_\_\_\_\_