华盛顿国际学校

Washington International School (WIS)

Registration Form

After filling out and signing this form, please email it to: info@WashingtonInternationalSchool.com

| <u>Student</u> First Name | Last Name | Gender | Birthday (MM/DD/YYYY) | Home Address | | | |
|---|-----------|--------------------|-----------------------|--|--|--|--|
| | | | | | | | |
| <u>Mother</u> First Name | Last Name | Home or Cell Phone | Work Phone | Email (mom – neatly print please 请勿潦草) | | | |
| Father First Name | Last Name | Home or Cell Phone | Work Phone | Email (dad – neatly print please 请勿潦草) | | | |
| Emergency Contact (a MUST), if parents can't be reached: Name: Relation: Phone: | | | | | | | |

Please indicate your choice(s)

| | Bilingual Summer Camp Full-day camp at 1201 N. 145 th St. Seattle (next to Shoreline). Morning camp at 12345 Roosevelt Way NE Seattle (near Northgate) | | | | | | | | | | | | | |
|---|---|---|-----------|--|-----------------------------------|--|--|-----------------------|---------------------------------|----|--------------|------------------|-----------------|---|
| (| | | se lee | • | ircle |) | ļ , | Choose | Choose Drop-off ti | | Choose | Take Music? | Yes / No | List allergy items or |
| | | V | ree | K5 | | | ' | Attending days | Diop-on ti | me | Pick-up time | Take Art? | Yes / No | other health issues, if any: |
| C | 00 | C |) | 1 | 2 | | Мо | nday through Friday | After 7:30 a | am | By 12:30 pm | Take Tumble Bus? | Yes / No | |
| 3 | 3 | 4 | | 5 | 6 | | OR | , only attend on | After 8:15 a | am | By 5:00 pm | Toilet trained? | Yes / No | |
| 7 | , | 8 | | 9 | 10 | | М / | Tu / W / Th / F | After 9:00 a | am | By 5:45 pm | Nap? | Yes / No | Please attach a note if not enough room |
| Thi | | | | L - | | | ! ! | to mink | d from \\\(\) | | First Name | <u>Last Name</u> | <u>Relation</u> | <u>Phone</u> |
| | | | | | | | | on to pick up my chil | | | | | | |
| (For | (For emergency-safety reason, MUST list one person besides parents) | | | | | | | | | | | | | |
| This person has my permission to pick up my child from WIS: (This 2 nd person besides parents is optional) | | | | | | | | | | | | | | |
| English Reading & | | | | | • | | Saturday Chinese | | Bilingual Preschool (full time) | | | | | |
| PSAT / SAT / ACT Prep | | | | ' | at 12345 Roosevelt Way NE Seattle | | at 1201 N. 145 th St. Seattle | | | | | | | |
| Online lessons by Ms. Layton | | | | | ons by Ms. Layton | | | | Chinese Preschool (morning) | | | | | |
| Circle lesson day Wednesday / Saturday | | | | Class(Level) | | at 12345 Roosevelt Way NE Seattle | | | | | | | | |
| Lesson time Current grade | | | ١, | Sibling also taking Chinese lesson? Yes / No | | For information, please email | | | | | | | | |
| Sibling also taking English lesson? Yes / No | | | | | | info@WashingtonInternationalSchool.com | | | | | | | | |

Please read the following waiver before you sign:

- 1. I understand that enrollment for each class is first come, first serve. WIS is not responsible for holding a space for a student until tuition is paid.
- I am responsible for keeping our phone numbers, email addresses, mailing addresses, emergency contacts, pickup permission, and my child's medical information accurate
 and up-to-date with WIS. I understand that announcements by WIS are often sent via email. I am responsible for checking my email regularly in order to view WIS
 announcements. I am responsible to pay tuition on time based on the deadlines posted at WIS website, regardless of whether I received an email reminder or not.
- 3. My child has my permission to participate in the indoor and outdoor activities organized by WIS. I give permission for my child to eat meals/snacks provided by WIS. In case of medical emergency when I cannot be reached through reasonable effort, I hereby give permission to the physician selected by the adult in charge to secure proper treatment for or to hospitalize my child. I further agree that I will not hold WIS, or any of its officers, directors, or instructors responsible for any accident or injury arising out of my child's (or myself, in the case of an adult student) participation in the program. I will be fully responsible for any of the expenses incurred.
- 4. I understand that WIS may take pictures of its students and their families during school activities. I hereby give permission for WIS to use the pictures of my child (or myself, in the case of adult student) for publication and school exhibitions.
- 5. For quarterly courses (including but not limited to English and Chinese lessons), I understand there is no refund, credit, day-switch, or any kind of tuition adjustment under any circumstances once tuition is paid, regardless of when it is paid. I agree to pay a late payment fee of \$5 per week if tuition is not paid before the first lesson of the quarter. I agree with the tuition policies and snow day policies posted at WIS website. I consent to bring my child to class on time and pick him/her up immediately after class. I understand WIS does not provide childcare before or after classes. I am responsible for the safety of my child during non-class time. My child shall not bring any food or beverage to WIS without teacher's permission, except water. If my child must eat in school due to a medical condition, I am responsible for cleaning up and taking out any resulting garbage.
- 6. For summer camp, I understand there is no refund, credit, day-switch, or any kind of tuition adjustment under any circumstances once tuition is paid, regardless of when it is paid. I understand that if my child is not picked up on time, there is an on-spot late pick-up fee of \$10 per 1-15 minutes. I agree to pay an additional \$1 per calendar day if the late pick-up fee is not paid when I picked up my child. I agree with all the summer camp policies posted at WIS website. I understand that I need to keep my child home if my child is sick or needs isolation / quarantine recommended by CDC guidelines. I understand there is no refund, credit, day-switch, or any kind of tuition adjustment for sick leaves and guarantine periods.

| 7. | child home if my child is sick or needs isolation / quarantine recommended by C adjustment for sick leaves and quarantine periods. This waiver is valid for all current and future courses / programs I or my child may | • | |
|-----|--|-------------|-------|
| Sig | nature of Student's Parent or Legal Guardian: | Print Name: | Date: |