



Global Montessori International School 2011-2012 Spring After School Program

Child Information

Last: _____ First: _____

Chinese Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Birthday: ____/____/____ (mm/dd/yy) Age: _____

School Attending: _____ Entering Grade: _____

Class Schedule

Class	Days	Time	Number of Weeks	Dates	Tuition + Material Fee	Subtotal
Package A: Mandarin Chinese (M & Th), Kung Fu (Tu) & Art (W)	Monday through Thursday	3:40-5:00 or 3:40-4:30	20 weeks	1/09 to 6/07	\$1350 + \$80	
			10 weeks	1/09 to 3/22	\$750 + \$40	
Package B: Mandarin Chinese (M, W, Th) and Kung Fu (Tu)	Monday through Thursday	3:40-5:00 or 3:40-4:30	20 weeks	1/09 to 6/07	\$1350 + \$80	
			10 weeks	1/09 to 3/22	\$750 + \$40	
Mandarin Chinese	Monday, Wednesday & Thursday	3:40-5:00	20 weeks	1/09 to 6/07	\$1000 + \$80	
			10 weeks	1/09 to 3/22	\$575 + \$40	
Japanese	Tuesday & Thursday	3:40-5:10	20 weeks	1/10 to 6/07	\$650 + \$80	
			10 weeks	1/10 to 3/22	\$345 + \$40	
Martial Arts (Kung Fu)	Tuesday	3:40-4:30	20 weeks	1/10 to 6/05	\$400 + \$65	
			10 weeks	1/10 to 3/20	\$215 + \$65	
Art & Crafts	Wednesday	3:40-4:30	20 weeks	1/11 to 6/06	\$400 + \$80	
			10 weeks	1/11 to 3/21	\$215 + \$40	
TOTAL:						

Packages – All classes will begin promptly at **3:40pm**. Since ending times vary, child care will be provided for Package students only until 5:30pm from Monday through Thursday.

Notes:

- There will be no After School classes during the week of the Lunar New Year Celebration (February 13-17) and Spring Break (April 9-13).
- Each class includes a \$40 Material Fee for every 10 weeks, except for Martial Arts, which is \$65 paid to the instructor. If your child already has a Kung Fu uniform, the \$65 fee is waived.
- Full payment must be made by the first class.
- Enrollment is on a first-come, first-served basis. Classes may fill up early.
- Each class requires a minimum enrollment of 3 students. Classes may be cancelled due to low enrollment.



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Parent Information

Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Authorized Pick Up/Drop Off Persons

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information

Insurance company: _____ Policy number: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Any allergies/medical conditions/diet/special needs for your child:

Global Montessori International School Waiver Statement

I hereby give permission for _____ (student's name) to participate in the program. I will not hold the school or any staff member liable in case of accidents or injuries. In case of emergency, I authorize for my child to receive medical treatment at a nearby medical facility at my own expense. I understand that there is no refund after school begins. I have read and fully understand the meaning and consequences of the foregoing waiver and thus voluntarily execute this waiver accordingly.

Parent/Guardian Signature: _____ Date: _____