



# Sarasota Chinese Academy

a place for Chinese language and culture

(941) 592-6242

<http://sarasotachineseacademy.org>

Mailing Address: P.O. Box 22292 Sarasota FL 34276

## Fall 2021 Registration

### Student Information

	Student Name			Gender	Date of Birth	Home Address
	First	Last	Chinese			
1						
2						
3						

For new students, please indicate how do you know the school: Website \_\_\_ Friends \_\_\_  
Advertisement \_\_\_ Others \_\_\_

### Contact Information

Contact Name*				Phone Number	Email Address
First	Last	Parent ? Y/N	Emergency Contact? Y/N		

\*If a student is age 18 or above, please provide phone number, email address, as well as emergency contact person information.

### Payment

Fee Type	Registration \$25.00 (per semester)	Tuition \$260 / Student 10% discount to siblings	Number of Students	Total Amount	Check No.	Cash	Date
Paid "√"							

### Disclaimer

(1) In case of serious illness or injury of my child (or myself since I am student of age 18 or above) where immediate care is needed, but parents and other emergency contact person cannot be reached, Sarasota Chinese Academy has my permission to contact the emergency medical service. The emergency medical service has my consent to provide necessary treatment or transportation for my child/me. The undersigned will be responsible for all costs related to the emergency treatment, service and transportation.

My child/I has the following allergies/medical condition(s): \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance covering child/me: Provider Name \_\_\_\_\_ Policy # \_\_\_\_\_

(2) By voluntarily participating in Sarasota Chinese Academy (SCA), at Sarasota Baptist Church (SBC), I hereby agree to waive, release, discharge and covenant not to sue the SCA, SBC, or either institution's officers, employees and volunteers from all claims and liabilities, damages, costs or other loss, arising from any errors, omissions and negligence. I also agree to use my best efforts to prevent any loss or liability to the SCA, SBC or either institution's officers, employees and volunteers that may result from the failure of proper performance of my obligations as a participant. I acknowledge that I have read this important agreement carefully and have received a copy of it.

(3) I understand that there is no refund on tuition after attending the 2nd class by my child(ren) or myself. The registration fee is non-refundable.

(4) I will allow my child to be photographed for marketing purposes at SCA events and classes.

Parent's (or Student who is age 18 or above) signature: \_\_\_\_\_

Date: \_\_\_\_\_