



## New York Chinese Cultural Center REGISTRATION FORM

\$50 non-refundable deposit is required with registration form.

Full payment is due prior to the start of class. Payments made on or after the first day of class are subject to \$25 Late Fee

### A. CLASS INFORMATION

Semester: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Today's Date: \_\_\_\_\_

I would like to enroll myself or my child in the following classes:

This section to be completed by NYCCC staff only

1	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
2	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
3	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
4	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
5	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
6	Time: _____	Teacher: _____	Amount: _____	Start Date: _____
7	Time: _____	Teacher: _____	Amount: _____	Start Date: _____

#### HOW DID YOU HEAR ABOUT US?

- |   |   |
|---|---|
| <input type="checkbox"/> Search engine/internet | <input type="checkbox"/> Social network |
| <input type="checkbox"/> Advertisement          | <input type="checkbox"/> Event          |
| <input type="checkbox"/> Street Sign            | <input type="checkbox"/> Friend         |
| Other : _____                                   |   |

Add Art Material Fee (if applicable): **\$15.00**

Total Tuition: \_\_\_\_\_

Add registration fee: **\$10.00**

**TOTAL:** \_\_\_\_\_

### B. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_

### C. CHILDREN UNDER 18 YEARS ONLY

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent's English Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Parent's English Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### D. SIGNATURE

- ☐ I am / my child is in good health and can participate in all activities of NYCCC's dance classes.
- ☐ In case of accidental injury while attending classes, I give permission to NYCCC to take appropriate measures to handle the situation while attempts are made to contact my parents or the emergency contact person listed above.
- ☐ I understand that I have / my child has an obligation to participate in NYCCC's performances which are appropriate to my / my child's ability and will do our best to fulfill this obligation.
- ☐ If your child has a medical condition, please fill out an additional medical history form. Please note, NYCCC is not responsible for administering medication, however this information will help us greatly in assisting your child.

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

Signature: \_\_\_\_\_

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