



Great Wall Chinese School Registration Form 学生注册报名表

Website: www.gwcs-md.org

Email: gwcs_us@yahoo.com

Mailing Address: GWCS, PO Box 3063, Gaithersburg, MD 20885-3063

Father, Mother, or Guardian's Name	English 中文	Home Address	
Phone Numbers	Home Cell 1 Cell 2	E-mail	
Name of Medical Insurance Company		Policy Number	

Student Name	Gender (M/F)	Date of Birth	Course ID , Name & Time	Registration Fee	Tuition	Subtotal
English				\$50		
中文				\$40 , if registered before the First day of school		
English				\$40		
中文				\$30 , if registered before the First day of school		
English				\$30		
中文				\$20 , if registered before the First day of school		

Please write check payable to GWCS or Great Wall Chinese School. **Thank you.** **Total: \$ _____**

Emergency Care Information and Consent to Enroll

I certify that I fully understand general rules of the Great Wall Chinese School (GWCS) and I agree to obey the rules. In an emergency, GWCS has my permission to take my child to the emergency room of the nearest hospital when I cannot be contacted, and the hospital staff has my authorization to provide treatment that a physician deems necessary for the well being of my child. I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, and discharge GWCS, its officers, directors, employees and agents from liability from any and all claims, including but not limited to, physical or mental injury, illness, death, and property loss arising from participation in activities of the school.

Parent or Guardian or Student's Signature: _____ **Date:** _____

学校专用 For School Use Only	金额(Payment): \$	支票号(Check Number):
	签收人(Received By):	签收日期(Date):
	备注(Note):	