

Kiki's Chinese Learning Center (淇淇中文学校)

10106 San Pablo Ave. El Cerrito, CA 94530 | 510-374-9268 | info@kikichinese.org

MANDARIN IMMERSION AFTERSCHOOL PROGRAM APPLICATION

Application Form

STUDENT INFORMATION:

Student Name: _____ Chinese Name (if one): _____

DOB (MM/DD/YR): ____/____/____ Gender: female male

Home Address: Street _____ City _____, CA Zip Code _____

School of Attendance: _____ Grade in School: _____

Any medical conditions center should be aware of: _____

Any food allergies center should be aware of: _____

A recent, clear headshot picture of the above stated student has been emailed or printed for the center.

PARENT INFORMATION:

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Emergency Contact Information (name, number, relationship): _____

SCHOOL INFORMATION:

School of Attendance: _____ Teacher's Name and Room Number: _____

School Address: _____

PROGRAM INFORMATION:

Days in Program: Monday Tuesday Wednesday Thursday Friday

Is pick up needed?: Yes No

If yes, days when pick up is needed and pick up time: _____

Location where student should be picked up: _____

If no, what time will child be dropped off: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	TELEPHONE	RELATIONSHIP

In case parents and emergency persons cannot be contacted:

Hospital: Kaiser Alta Bates Other: _____

Doctor: _____ Phone Number: _____ Phone Number: _____

Doctor's Address: _____

Medical Insurance Number: _____ Medical Insurance Company: _____

Dentist: _____ Phone Number: _____ Phone Number: _____

Dentist's Address: _____

NAMES OF PERSON AUTHORIZED TO PICK UP CHILD FROM FACILITY

NAME & RELATIONSHIP	NUMBER

(Relatives and/or friends that are authorized must show ID at first pick up)

CHINESE EXPERIENCE:

Does your child have any previous experience with Chinese?: Yes No

If yes, please briefly describe experience: _____

I hereby authorize Kiki's Chinese Learning Center (KCLC) and El Cerrito Chinese Preschool (ECCPS) personnel to take full charge of any emergency in the event that the student's parents/guardians/emergency contact persons listed above are unable to be reached. I will not hold KCLC, ECCPS, or any personnel liable in the case of accidents or injuries. I agree that KCLC may use its photos & medias taken in school activities for non-commercial purposes.

Parent signature: _____ Date: _____

Tuition & Fees

There is a **\$60 non-refundable registration fee** for all **new** students.

Registration fee must be received with the application packet in order for a student's space to be reserved.

There is an annual **\$180 materials and book fee** (for September – June), paid with the first month's tuition.

All tuition is paid by check. Should a check bounce, a new check must be written within 2 days with the late fee and fees incurred by the center from the bank.

Tuition is **due by the 30th/31st of the previous month** (i.e. September's tuition is due by August 31st). Tuition paid after the 30th/31st has a \$10 late fee.

Care is provided until 6pm. Late fees are charged \$10 for every 15mins (or fraction thereof) after 6pm and due at pick up. Please call or text us at 510-374-9268 if you're running late.

Please find your child's school and their release time on the tuition & fees sheet. If a time or school is not on the list, please email us for assistance and we will guide to the appropriate tuition.

Certain months will be prorated due to breaks. However, student vacations will not be prorated and tuition will be charged in full in order to maintain the student's space.

School Dismissal Time: _____ Monthly Tuition: \$ _____ Pick Up Fee: \$ _____

I have read, understand, and agree to all the statements above. I agree to pay the above stated fees and tuition, and understand the penalties for late tuition.

Parent signature: _____ Date: _____