

# Chinese For Families a Fun Place to Learn Chinese!

info@ChineseForFamilies.com Phone 610-844-2878

Weekend Class Schedule 2017-2018 Lansdale Location		
<b>Makeup</b>	<b>Jan 6</b>	<b>Jan 7</b>
Winter/Spring 2017-2018 12-week Session		
Week	Saturday Classes	Sunday Classes
Week 1	Jan 13	Jan 14
Week 2	Jan 20	Jan 21
<b>Event</b>	<b>Jan 27 UPENN Chinese New Year</b>	<b>Jan 28 Terra Cotta Warriors</b>
Week 3	Feb 3	Feb 4
Week 4	Feb 10	Feb 11
<b>Holiday</b>	<b>Feb 17 New Year Family Time</b>	<b>Feb 18 New Year Family Time</b>
Week 5	Feb 24	Feb 25
<b>Event</b>	<b>Mar 3 School Lantern Festival Party</b>	<b>Mar 4 no classes</b>
Week 6	Mar 10	Mar 11
Week 7	Mar 17	Mar 18
Week 8	Mar 24	Mar 25
<b>Holiday</b>	<b>Mar 24-April 2 Spring Holiday</b>	<b>Mar 24-April 2 Spring Holiday</b>
Week 9	April 7	April 8
Week 10	April 14	April 15
Week 11	April 21	April 22
Week 12	April 28	April 29
<b>Makeup</b>	<b>May 5</b>	<b>May 6</b>
2018 Summer A 6-week session		
Week	Saturday Classes	Sunday Classes
Week 1	May 12	May 20
<b>Holiday</b>		<b>May 13 Mother's Day no classes</b>
Week 2	May 19	June 3
<b>Holiday</b>	<b>May 26 Memorial Weekend</b>	<b>May 27 Memorial Weekend</b>
Week 3	June 2	June 10
Week 4	June 9	June 17
Week 5	June 16	June 24
Week 6	June 23	June 30
2018 Summer B 4-week session		
Week 1	July 7	July 8
Week 2	July 14	July 15
Week 3	July 21	July 22
Week 4	July 28	July 29
2018 Summer C 4-week session		
Week 1	August 4	August 5

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Week 2	August 11	August 12
Week 3	August 18	August 19
Week 4	August 25	August 26

## Events:

September 23 Autumn Moon Festival 1-8

January 27 UPENN Chinese New Year

January 28 Terra Cotta Warriors

March 2 School Lantern Festival Party

May 19 APA Heritage Month Festival

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2017-2018 Language Class Registration Form (one form per student please)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

*Class times are subject to change based on demand. Students will be grouped by age and/or language level. Parents of children 1-6 study with their children for no additional tuition. We are unable to schedule individual makeups. Designated group makeup days are listed in the schedule for cases of extreme weather or teacher illness.*

Age, class level, day & time	Tuition	Subtotal
<b>Children PreK to age 6 &amp; parent 1-hour class</b> Lansdale Location Saturdays <input type="checkbox"/> 10:00-11:00am <input type="checkbox"/> 11:15am-12:15pm	<input type="checkbox"/> Fall 2017 12 weeks \$360 <input type="checkbox"/> Winter 2018 12 weeks \$360 <input type="checkbox"/> Summer A 6 weeks \$180 <input type="checkbox"/> Summer B 4 weeks \$120 <input type="checkbox"/> Summer C 4 weeks \$120	_____
<b>Beginning &amp; continuing child, youth or adult 1.5-hour class</b> Saturdays <input type="checkbox"/> 12:30-2:00pm <input type="checkbox"/> 2:30-4:00pm	<input type="checkbox"/> Fall 2017 12 weeks \$480 <input type="checkbox"/> Winter 2018 12 weeks \$480 <input type="checkbox"/> Summer A 6 weeks \$240 <input type="checkbox"/> Summer B 4 weeks \$160 <input type="checkbox"/> Summer C 4 weeks \$160	_____
<b>Intermediate &amp; continuing youth or adult 2-hour class</b> <input type="checkbox"/> Saturdays 4:15-6:15pm adult class Sundays <input type="checkbox"/> 10:00am-12:00pm <input type="checkbox"/> 12:30-2:30pm <input type="checkbox"/> 3:00-5:00pm	<input type="checkbox"/> Fall 2017 12 weeks \$540 <input type="checkbox"/> Winter 2018 12 weeks \$540 <input type="checkbox"/> Summer A 6 weeks \$270 <input type="checkbox"/> Summer B 4 weeks \$180 <input type="checkbox"/> Summer C 4 weeks \$180	_____
<b>Materials vary by class &amp; are billed separately</b>		
<b>New student fee trial class tuition credit (1 class)</b>		
<b>Family discount 10% for 2<sup>nd</sup> and additional students</b>		
<b>Tuition total</b>		

## Student Information Questionnaire

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

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Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Allergies</b> <input type="checkbox"/> Epipen user?	<input type="checkbox"/> Food _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Celiac or Gluten sensitivity _____ <input type="checkbox"/> Animals _____ <input type="checkbox"/> Other concerns _____
<b>Is your child vaccinated?</b>	<input type="checkbox"/> Yes, my child has received all recommended and school required vaccinations for his/her age <input type="checkbox"/> No
<b>Student's previous Mandarin language exposure</b>	<input type="checkbox"/> Native Mandarin speaker in the home <input type="checkbox"/> Native Chinese speaker (non-Mandarin) in the home <input type="checkbox"/> Irregular contact with native speaker (list) _____ <input type="checkbox"/> Previous classes or resources used (list) _____ _____
<b>Parent(s) Mandarin language exposure</b>	<input type="checkbox"/> Native speaker of Mandarin <input type="checkbox"/> Native speaker of another Chinese language <input type="checkbox"/> Previous classes or resources used (list) _____ _____
<b>Family goals for program</b>	_____ _____ _____ _____
<b>Student goals for program</b>	_____ _____ _____ _____
<b>Learning style (please complete &amp; attach or email results)</b>	<a href="http://www.learning-styles-online.com/inventory/">http://www.learning-styles-online.com/inventory/</a> <a href="http://www.edutopia.org/multiple-intelligences-research">http://www.edutopia.org/multiple-intelligences-research</a>