

Little Dragons Chinese Program

2008-2009 Enrollment Request Form for B-(Basic) Classes

Student's Name _____

D.O.B. _____

Grade _____ School _____ Teacher _____

Parent/Guard. Name _____

Address _____

Email _____ Phone _____ Alt. Phone _____

Parent/Guardian Signature _____ Date _____

2008-2009 tuition for Middle Country SD Residents: \$200

TAALI members receive a 10% discount per child.

A late payment fee will apply to checks received/postmarked after June 30, 2008.

Please make checks payable to "TAALI c/o Jerry Chen, 54 Laurelton Ave, Selden, NY 11784

The Little Dragons after-school Chinese Language Program is operated by TAALI, a local not-for-profit which is not an affiliate of the Middle Country School District.

Receipt of this enrollment request in timely manner reserve's your child's spot. Note however enrollment is NOT complete until the (1) Parental Agreement, (2) Medical Release have also been completed and signed.

Basic classes (B-Classes)

are designed for students who have never studied Chinese as second language or non-Chinese speaking family. (Use Pinyin and traditional characters, will lecture in English)

Advanced classes (A-Classes)

are designed for students whose family can assist in homework and study (Chinese speaker at home) and who already know ㄅ ㄆ ㄇ ㄏ (Use traditional characters and lecture in Chinese.)

Tuition:

In-School District (Middle Country School District): \$200/ student

Out-of-School district: \$350/student

TAALI members receive a 10% discount per child

Payment methods: Cash _____ Check _____

If check, please write the check number: _____

Total: _____

Please make check payable to: TAALI or Taiwanese American Association on Long Island

My child's age is : _____

Class preferred: (Circle One)

B1a (Designed for Gr 3 and below) 9:20 ~ 10:50 and 10 Culture Classes 11:00 ~ 11:50

B1b (Designed for Gr 4 and above) 11:00 ~ 12:30 and 10 Culture Classes 10:00 ~ 10:50

B Review (For reviewing students) 11:00 ~ 12:30 and 10 Culture Classes 10:00 ~ 10:50

B2 (For accomplished students) 9:20 ~ 10:50 and 10 Culture Classes 11:00 ~ 11:50

Parent Signature: _____ Date (MM/DD/YY): _____

2008/2009

Medical Release Form

Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.

1.(Name) : _____ (Tel) :

2.(Name) : _____ (Tel) :

3. (Family Doctor) : _____ (Tel) :

Should there be any changes in the above information, please inform the Little Dragons After School Chinese program immediately. If the Little Dragons After school Chinese program is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the student's parents.

Individuals participate in The Little Dragons at their own risk with parents/guardians assuming responsibilities if minor becomes injured or ill.

Please read and understand the statement below before signing

I _____ the undersigned parent or guardian of _____
(print parent/guardian name) (print child's name)

do hereby release and forever discharge the Middle Country Central School District, together with officers and employees, and the Taiwanese American Association on Long Island together with its officers and employees from all actions or suits in law or equity which I/we might hereafter have by reason or injury or illness sustained while or as a result of my child participating in the Little Dragons Chinese Language Program.

Parent Signature: _____ Date (MM/DD/YY): _____

Parental Agreement

Participation in the Little Dragons After School Chinese Program is limited to certain conditions including but not limited to the following:

- 1.) Children must arrive for class on time (this is important).
- 2.) Children must be picked up promptly after class
- 3.) Children must show proper respect for the teachers, each other, parents and school authorities at all time.
- 4.) Parents must volunteer as "Duty Parent" at least one week out of the year.

Duties will include

- wearing the designated shirt, sash vest or uniform so all parents and children can identify you as duty parent
- controlling the master Attendance Sheet.
- serving as Hall monitor
- making sure the classrooms hallways and nearest bathrooms are left in a generally neat and orderly fashion
- handling emergencies such as spills
- providing proper supervision for children waiting for parent pick-up
- thoroughly checking our area of the building for children before leaving.

Please choose one of the **Tentative** Dates are:

Oct 4	Off	Oct 18	Oct 25	Sep 27
Nov 1	Nov 8	Nov 15	Nov 22	Off
Dec 6	Dec 13	Dec 20	Off	
Jan 10	Off	Off	Jan 31	
Feb 7	Off	Off	Feb 28	
Mar 7	Mar 14	Mar 21	Mar 28	
Off	Off	Apr 18	Apr 25	
May 2	May 9	May 16	May 30	
Jun 6	Jun 13			

I _____ the undersigned parent or guardian of _____
(print parent/guardian name) (print child's name)
agree to the above terms and conditions. I choose _____ as my date to serve as duty parent.

If that date is taken _____ and _____ are good alternates.

Parent Signature: _____ Date (MM/DD/YY): _____