

Little Dragons After School Chinese Program

2009-2010 Enrollment Form for B-(Basic) Classes

Student's Name _____

D.O.B. _____

Grade _____ School _____ Teacher _____

Father's Name _____

Email _____ Phone _____ Cell. Phone _____

Mother's Name _____

Email _____ Phone _____ Cell. Phone _____

Address _____

Parent/Guardian Signature: _____ Date _____

2009-2010 tuition for Middle Country SD Residents: \$250 (\$300/student, after June 30, 2009)

TAALI members receive a 10% discount per child.

A late payment fee will apply to checks received/postmarked after June 30, 2009.

Please make checks payable to "TAALI" c/o Vera Hu-Hyneman 86 Cedarhurst 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): \$250/ student (\$300/student, after June 30, 2009)

Out-of-School district: \$350/student (\$400/student, after June 30, 2009)

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.

Have you attended any Chinese language programs before? Yes _____ No _____

If yes, which program?

If the answer is yes, which level have you completed?

在家使用那種語言? Which language do you and your child speak at home?

My child's age is : _____

Class preferred: (Circle One)

B1 (Designed for beginners) 10:30 - 12:00 and 10 Culture Classes 9:00 - 9:50

B2 (For accomplished students) 9:00 - 10:30 and 10 Culture Classes 11:00 - 11:50

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

Little Dragons After School Chinese Program

Regular Day Schedule (Tentative)											
9:00	9:00 -	9:00 -	9:00 -	9:00 -	9:00 -	9:00 -	9:00 -	9:00 -	Adults 2		
9:10	11:50	10:30	11:50	9:50	9:50	9:50	9:50	10:30			
9:20	A1b	B-2	A1a	Culture	Culture	Culture	Culture				
9:30											
9:40	Break		Break		10:00 -	10:00 -	10:00 -				
9:50					12:00	12:00	12:00				
10:00	6	8	4		A3	A4	A5	10:30 - 12:00	Parents Meetings 10:10 - 11:00		
10:10											
10:20											
10:30						10:30 -	Break			Break	Break
10:40						12:00					
10:50											
11:00	11:00 -	11:00 -	11:00 -	B-1	6	3	3	Adults 1			
11:10	11:50	11:50	11:50								
11:20	Culture	Culture	Culture								
11:30											
11:40											
11:50				8							
12:00											
12:10											
12:20											
12:30											

Late Day Schedule (Tentative)													
10:30	10:30 -	10:30 -	10:30 -		10:30 -	10:30 -	10:30 -	10:30 -	Adults 2				
10:40	12:30	12:00	11:50		12:30	12:30	12:30	12:20					
10:50	A1b	B-2	A1a		A3	A4	A5						
11:00					Break	Break	Break						
11:10	Break		Break										
11:20													
11:30	6	8	4		6	3	3	12:00 - 1:30					
11:40													
11:50													
12:00										12:00 -			
12:10										1:30			
12:20													
12:30				B-1				Adults 2					
12:40													
12:50													
1:00				8									
1:10													
1:20													
1:30													

Little Dragons After School Chinese Program

2009/2010

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): _____

Little Dragons After School Chinese Program

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:

Sept. 26	Nov. 14	Jan. 23	Mar. 20	May 22
Oct. 3	Nov. 21	Jan. 30	Apr. 10	Jun 5.
Oct 10	Dec. 5	Feb. 6	Apr. 17	Jun. 11
Oct 23	Dec. 12	Feb. 27	Apr. 24	
Oct 31	Dec. 19	Mar. 6	May 8	
Nov. 7	Jan. 9	Mar. 13	May 15	

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): _____