|  |
| --- |
| **Dix Hills Chinese Cultural Association (DHCCA)** |
| **P.O. Box 633, Melville, NY 11747 A Non-Profit Organization** |
| **Website: www.dhcca.org Email:** dhccap@gmail.com**School Location: 303 Sunnyside Blvd., #10, Plainview, NY 11803****School Hours: 7:00pm to 9:35pm Fridays (First day of school: 9/18/2020)** |
|  |  |  |  |  |  |
| **Chinese School Registration 2020 - 2021** |
|  |  |  |  |  |  |
| **Student Information:** |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| English Name | Chinese Name | Date of Birth | Gender | New | Entering |
|   |   |   |   | Student? | Class #  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| Street Address | Town | Zip | HomePhone:  |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
| **Family Information:** |  |  |  |  |  |
|  | Father | Mother |
| English Name |   |   |
| Chinese Name |   |   |
| Email |   |   |
| Cell Phone |   |   |
| Family Language |   |   |
| **Payment Information:****Total fees** (registration + textbooks/materials ($50 value)) for Grades Pre-K to 8: * **$575/per student** (Membership Fee $250 and Tuition $325)
* **$500/per student ($75 discount) if paid before 07/01/19** (Membership Fee $200 and Tuition $300)
* Each additional sibling receives 5% discount off the total fees.

Payable to: DHCCA, and mail to: P.O. Box 633, Melville, NY 11747A single check is sufficientNote: The membership fee is tax deductible, and eligible for employer gift matching program. □ I plan to submit for gift matching. Name of my employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Refund Policy:** A) 80% refund within the first 4 weeks. No refund after the end of the 4th week. B) Special situations will be considered on an individual base; a written request and appropriate proof will be required. The refund amount will be prorated. C) If books are not returned in new condition, additional $50 will be deducted. **Donation** □ $10; □ $25; □ $50; □ $100; □ $200; □ $500; □ Another Amount \_\_\_\_**I would like to volunteer as:** □ Administrator □ Class Parent □ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parental Agreement:**I, the parent/guardian of the above listed student(s), give permission for them to participate in the Dix Hills Chinese Cultural Association's programs (not an HHH activity). I hereby waive, release, and agree to hold harmless the Dix Hills Chines Cultural Association, its officers, organization, teachers, participants, consultants, volunteers or the facility where the class is performed, from any claim arising from any injury or loss to my child (children).**Photo Release Agreement:**I, the parent/guardian of the above listed student(s), hereby consent to the use of photographs/videos taken during the course of the school year for publicity, promotional and/or educational purposes (including but not limited to school promotional flyer, school web site, WeChat, Facebook or other social media). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.  \_\_\_ No, I do not authorize Dix Hills Chinese Cultural Association the usage of photographs/ videos that contain recognizable image of my child(ren).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Today’s Date

|  |  |
| --- | --- |
| **For Office Use Only:**Total Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Cash □ Check #\_\_\_\_\_\_\_\_\_\_ Receipt # \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 |
|  |
|  |