

WONDERLAND CHINESE SCHOOL / PRESCHOOL

720 Jackson St. Albany, CA 94706
Tel: (510) 525-9666 Fax: (510) 559-8886

Admission Agreement

Sickness and Injury

I consent to the enrollment of my child _____ in Wonderland Chinese School / Preschool. I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.

Field Trips

I give consent for my child to take part in field trips or excursions with proper notice and proper supervision.

School Hours and Services

Hours of operation are from 8:00 A.M. to 6:30 P.M., Monday through Friday, twelve months a year.

Children are grouped by age and developmental level. We provide a varied program of age-appropriate activities, including readiness in math, reading, science, social studies, active play – indoor and outdoor, music, health and nutrition, arts and crafts, etc.

The school provides morning and afternoon snacks. Hot lunch is an optional service and will be billed separately for the actual cost of the food only. There is a daily nap period for all children in preschool.

Payment of Fees

Tuition fees are due in advance by the fifth of the month. If fees are not paid within one month of due date, we may request parents to withdraw their child.

We may provide optional classes that include art, dance at additional cost.

Receipts for tuition will not be issued for payments made by checks: the check made payable to Wonderland Preschool may act as a receipt.

At time of registration \$50 non-refundable fee is to be paid. Your basic tuition is \$_____.

Notice of Change in Fees

The school will give 30 days written notice of any change in rate of payment.

Refund Conditions

If a child starts school and is obviously not ready, or if a child's physician advises withdrawal of the child, tuition not used will be refunded upon written request of parent/guardian.

Notice of Termination

It is agreed that Berkeley Chinese School / Wonderland Preschool must receive at least two weeks written notice in advance regarding the termination of attendance of your child. Berkeley Chinese School Preschool will calculate the amount of tuition refunded to you from the notified date of the withdrawal of your child to end off the month. No tuition will be refunded if no advance notice is received.

At the time of termination, parents will be asked for reason for termination.

Request for Withdrawal

If it develops that school administrators feel that our program is not benefiting a student, we reserve the right to ask the parents in writing to withdraw the child; there is a trial period of two weeks after the admission of the child. The school may request the child proves unsafe for other children to be around (she/he bites), when the child is determined not ready for school. Two weeks notice shall be given in these circumstances.

If the school requests withdrawal of a child, the tuition not be refunded.

Late Pick Ups

A fee will be charged for late pick-ups. The first 10 minutes the charge will be \$5, 10--20 minutes is \$10 and each additional minute is \$1.00.

Late fees must be paid at pick-up time and will not be waived.

Vacation

Each child is allowed 10 days vacation free of charge every 12 months after a 6 months enrollment. No credit for days absent.

I understand that, according to Department of Social Service regulations, a representative of the Department of Social Services has the right to interview children and to review school records.

Please read this letter carefully, keep one copy for your files, sign the other copy and return it to us to show your understanding of, and agreement to these policies.

Rights of the Licensing Agency

Department of Social Services has the authority to interview children or staff, and to inspect and audit Child or childcare center records, without prior consent. They also have the authority to observe the physical condition of the children including conditions that could indicate abuse, neglect or inappropriate placement.

Berkeley Chinese School Admission Agreement Continuous

柏克利中文学校 720 Jackson St. Albany, CA 94706

CHILD INFORMATION

English Name:		Chinese Name:		Sex:
Birth Date:	Age:	Home Add:	Home Phone:	
The child live with both parents:		With Mother:		With Father:

OTHER CHILDREN IN THE FAMILY

Name:	Sex:	Birth Date:	School / Center:
Name:	Sex:	Birth Date:	School / Center:

PARENTS INFORMATION

Mother	English Name:		Chinese Name:	
	Work Phone:		Cellphone:	
	Occupation:	Employer:		
	S. S. No.:	E-Mail:		
Father:	English Name:		Chinese Name:	
	Work Phone:		Cellphone:	
	Occupation:	Employer:		
	S. S. No.: _ _ / _ _ / _ _ _ _	E-Mail:		

EMERGENCY CONTACT

1. Name:	Phone #:
2. Name:	Phone #:
3. Name:	Phone #:

SCHOOL INFORMATION

School District:		School Name:		
School Address:			Phone #:	
Room No.:	Grade:	Teacher's Name:	Pick-up Time:	Wed:

MEDICAL INFORMATION

Insurance:	Medical ID.
Doctor:	Phone No.:

FOR CHINESE SCHOOL USE ONLY

Days:	Time:
-------	-------

PARENT'S RELEASE FORM

1. I give my permission for my child to participate in Berkeley Chinese School program and authorize the school personnel to take full charge of any emergency. I agree with Berkeley Chinese School tuition policy.
 本人允许我的子女参加柏克利中文学校教学活动，若有任何意外发生，本人授权校方人员全权处理。
 本人同意学校之收费及退费规定。

Signature of child's parent or legal guardian: _____ Date: _____

Signature of Program Director: _____ Date: _____