

2013 Summer Program Open Enrollment

 **Mission:** To promote Chinese language and cultural exchanges with the Americans in Central PA.

**Objectives:** To provide an environment for the kids, and/or their parents, to learn about the Chinese culture and Chinese language, to provide an opportunity for the families to socialize with each other and to socialize with families from China.

## Classes Offered for Summer 2013

## (July 13 to August 10, 2013)

7/13, 7/20, 7/27, 8/3, 8/10

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | Learning Objectives | Course Materials | Day/Hours |
| Chinese Language (Beginning level)  | Stimulating interest in Chinese learning, training basic listening and speaking skills through Pinyin, simple Chinese words and sentences. | Basic material prepared by teacher; Textbook by Ji Nan University | Every Saturday from 7/13 to 8/10Language:9:30 – 11:00 am |
| Chinese Language( Intermediate level) | Emphasize on listening, speaking, reading and writing. Training to think and express in Chinese. | Basic material prepared by teacher; Textbook by Ji Nan University |
| Chinese Language (Advance Level) | Emphasizing listening and speaking in Chinese. Training thinks and express in Chinese. | Textbook by Ji Nan University |
| Calligraphy | Learning traditional Chinese Cultural through calligraphy writing.  | Prepared by teacher | 11:00 – 11:45 |
| Adult Conversation Class (Beginning level ) | Introduce conversational Chinese and Chinese culture | Material prepared by teacher(s) | 9:30 – 11:00 |

## \**School reserves the right to cancel any class if not enough students.*

**Location: The Harrisburg Chinese Alliance Church, 6950 Allentown Blvd, Harrisburg, PA 17112**

**For questions, please contact Judy Guo, Principal at 717-418-7288 or email her at** **judy\_cu@yahoo.com**

**For general information, please visit our website: www.littlestarchineseschool.org**

Little Star Chinese Language School Registration Form

Summer 2013

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name (English):****Student Chinese Name (if any):** |  | Return Student\_\_ | New Student \_\_ |
| **Adult Student Name** **(Registered to Adult Class Only)** |  | Return Student\_\_ | New Student \_\_ |
| **Birth Year (**For Students under 18) |  |
| **Parents’ Names** |  | **Email address** |  |
| **Home Telephone No** |  | **Second Email address** |  |
| **Cell Phone Number**  |  | **Other Phone Number** |  |
| **Home Address** |  |
| **Special Note:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payments** | **@** | **Qty.** | **Total** |
| **Registration before May 31, 2013** | **1. Chinese Language and Calligraphy**  | $100 |  |  |
| **2. Chinese Language class only** | $75 |  |  |
| **3. Calligraphy class only** | $50 |  |  |
| **Registration after May 31, 2013** | **1. Chinese Language and Calligraphy** | $125 |  |  |
| **2. Chinese Language class only** | $100 |  |  |
| **3. Calligraphy class only** | $60 |  |  |
| **4. Book Fee**  | $15 |  |  |
|  |  | Subtotal |  |
| Donation  |  |
| **Total** |  |

\*Payment for each student includes $20.00 non-refundable registration processing fee. If withdraw from the class within first two weeks of a semester, we will refund you full amount less the registration processing fee.

Please complete this form with Standard Release Form (next page) and mail both forms and payment check **payable to *Little Star Chinese Language School*** to: **Little Star Chinese School**

**Attn: Annie Lin**

**925 Chowning Drive**

**Hummelstown, PA 17036**

**Please be advised, completed Standard Release Form must be received by the first day of school. If you preferred, email signed release form (PDF) to either** **littlestarpa@gmail.com** **or** **judy\_cu@yahoo.com** **is acceptable.**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Little Star Chinese School Standard Release**

(This form will be good for **one year** from the original signed date)

**Student Name**

**GENERAL LIABILITY**

I understand that the Little Star Chinese School (known as “School”) assumes no liability for the students or their personal belongings, whether at school building, school parking lot or on trip to other locations. I accept full responsibility for my son/daughter and his/her personal belongings.

I will not hold the Little Star Chinese Language School, its host facility, its personnel, and its volunteer workers liable for any injury, accident, illness, and other unexpected incidents occurring during school hours and/or school related activities.

I agree to bring my child to class and pick my child up immediately after class.

**MEDICAL RELEASE**

I give permission to representatives of the Little Star Chinese School to authorize medical treatment and/or surgery for my son/daughter in the event they cannot reach me at the telephone number(s) listed below, or if, in the opinion of attending medical personnel, time does not permit. Any medical condition of which attending medical personnel ought to be advised are listed below.

Parent/Guardian name (please print)

Home address

Emergency Contact Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s physician \_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician address

Name of insured

Insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies**

*If currently taking medication*

Name of medication

Prescribing physician

**PUBLICITY RELEASE**

The undersigned hereby consents and grants the School the worldwide right and license to use my child’s name, photograph, likeness and any other words and symbols that identify him/her in the advertising and promotion of the School in any medium without restrictions as to frequency.

These releases are effective for the period of **one year** from the date signed below.

Parent’s (Guardian) Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s (Guardian’s) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_