## **Worldplus Learning Center**

## **After-school Enrollment Form**

Monday to Thursday 3:30 pm to 5:15 pm Location: 1225 NW Murray Rd. #210, Cedar Mill

Student's name:		Chinese name:		
Birthdate:		Gender: Male Female		
School name:		Grade:		
Paren	nts/Guardians	Contact Infor	rmation	
Name (first, last)		Relationship		
Street Address, City, Zip				
Home Phone		Cell Phone		
Email		Work Phone		
Name (first, last)		Relationship		
Street Address (if different), City	, Zip			
Home Phone		Cell Phone		
Email		Work Phone		
ı	Required Eme	gency Contac	cts	
Name (first, last)	Phone		Relationship	
Name (first, last)	Phone		Relationship	
Authorized Persons for Pick up				
Name (first, last)	Phone		Relationship	
Name (first, last)	Phone		Relationshin	

Medical Information				
Insurance Provider	Policy Number			
Primary Physician's Name	Phone			
Dentist's Name	Phone			
Parent or Guardian Authorization				
I give my permission for minor medical assistance to be administered to my child (i.e., antiseptic and bandages for cuts) by WCS. In difficult or severe cases, an ambulance will be called and you and your pediatrician will be notified.				
I give permission for my child to be photographed during classroom hours or field trips by their teachers. The photos/videos may be used for publicity, marketing, advertising or news purposes.				
Parent/Guardian Signature	Date			

## **Tuition:**

- The whole school year's tuition is averaged into nine and half equal monthly payment.
- No refund for personal sick days, holidays or personal vacation days. Missed days are forfeited.

Check the days students will be enrolled.

Number of Days	Days of the Week	A mount	Checkmark Your Choice
4 days	M, T, W, Th	\$300	
2 days	M, W	\$160	
2 days	T, Th	\$160	

Drop In: \$25 each time

Please return this form and make checks to "Worldplus Education and Cultural Exchange." We also accept Zelle and Venmo.