

华盛顿国际学校 Washington International School Registration Form

Mail in with appropriate payment:
WIS
PO Box 25717
Seattle, WA 98165

www.WashingtonInternationalSchool.com 206-380-1222 info@WashingtonInternationalSchool.com

Student First Name	Last Name	Gender	Birthday(M/D/Y)	Current Grade	Home Phone ()
Father First Name	Last Name	Work Phone ()		Cell Phone ()	
Mother First Name	Last Name	Work Phone ()		Cell Phone ()	
Mailing Address (must fill out):					
Father's Email (must fill out):					
Mother's Email (must fill out):					

Please indicate your choice(s):

- | | | | | |
|--------------------------------|------------------------------|---------------------|----------------------------|---------------------------|
| 1. Bilingual Summer Program | Location: Seattle / Bellevue | Day: M T W Th F | Week: 1.2.3.4.5.6.7.8.9.10 | Choose: AM
Lunch
PM |
| 2. Bilingual Kindergarten | Location: Seattle / Bellevue | School year: _____ | | |
| 3. Bilingual Preschool | Location: Seattle / Bellevue | Day: M T W Th F | | |
| 4. Chinese Immerging Presch. | Location: Seattle / Bellevue | Day: M T W Th F | | |
| 5. Afternoon Chinese | Location: Seattle / Bellevue | Day: M T W Th F | | |
| 6. Saturday Chinese | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 7. English-Reading(SAT, WASL) | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 8. English-Writing (SAT, WASL) | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 9. Math (SAT, WASL) | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 10. Arts | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 11. One-on-one tutoring() | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |
| 12. Other: _____ | Location: Seattle / Bellevue | Day: M T W Th F Sat | Grade: _____ Time: _____ | Teacher: _____ |

Known allergies or other medical concerns: _____

Physician: _____ **Phone:** _____ **Insurance:** _____ **Policy/Group No.** _____

The following people have permission to pick up my child from WIS: (1) _____ (2) _____

Please read the following waiver before you sign:

1. My child has my permission to participate in the indoor/outdoor activities organized by Washington International School (WIS). In case of medical emergency when I cannot be reached through reasonable effort, I hereby give permission to the physician selected by the adult in charge to secure proper treatment for or to hospitalize my child. I further agree that I will not hold WIS, or any of its officers, directors, or instructors responsible for any accident or injury arising out of my child's (or myself, in the case of an adult student) participation in the program.
2. I understand that WIS students may occasionally take field trips using public or private transportation. I hereby give permission for my child to participate in these field trips. I will provide a car seat if by law my child requires it.
3. I understand that WIS may take pictures of its students and their parents during school activities. I hereby give permission for WIS to use the pictures of my child (or myself, in the case of adult student) for publication and school exhibitions.
4. For quarterly courses, I understand tuition is due two weeks before the start of each quarter. There is no refund or credit once tuition is paid, regardless of when it is paid. I agree to pay a late fee of \$5 per week if tuition is not paid before the 2nd lesson of the quarter. I consent to bring my child to class on time and pick him/her up immediately after class. I understand WIS does not provide childcare before or after classes. I am responsible for the safety of my child during non-class time.
5. For Preschool and After-School programs, I understand tuition is due two days before the start of each month. There is no refund or credit once tuition is paid, regardless of when it is paid. I agree to pay a late fee of \$5 per day if tuition is not paid before the 2nd working day of the month. I will give WIS a written notice at least one month before I withdraw my child from the program. I understand that the \$100 deposit is not refundable if WIS did not receive the one month notice for withdrawing. I understand that if my child is not picked up on time, there is an on-spot late pick-up fee of \$10 per 1-30 minutes, payable directly to the teacher.
6. For the Kindergarten program, I understand the enrollment is for the whole school year. Payment must be on schedule and no refund is available.
7. For the summer program, I understand that tuition is due one week before the weekly session starts. Tuition paid after the last Monday before the weekly session starts is at the "drop-in" rate. Tuition refund/credit is available if a written notice is received at least one week before the weekly session starts. Tuition refunds will be mailed within 60 days with a \$25 processing fee charged. I can also choose to use the tuition credit for other weeks of the summer program within the same year, with no processing fee charged. No refund on left-over credit. I understand there is no refund or credit if WIS did not receive the one week notice of withdrawing. I understand that if my child is not picked up on time, there is an on-spot late pick-up fee of \$10 per 1-30 minutes, payable directly to the teacher.
8. I understand that enrollment for each class is first come, first serve. WIS is not responsible for holding a space for a student until tuition is paid.
9. This waiver is valid for all current and future courses I or my child may take, including but not limited to the courses indicated on this form. I understand I am responsible for keeping our phone numbers, email addresses, and mailing address accurate and up-to-date with WIS.

Signature of Student's Parent or Legal Guardian: _____ **Print Name:** _____ **Date:** _____