

# 华盛顿国际学校 Washington International School (WIS) Registration Form

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

<b>Student</b> First Name	Last Name	Gender	Birthday (MM/DD/YYYY)	Home Address
<b>Mother</b> First Name	Last Name	Home or Cell Phone	Work Phone	Email (mom – neatly print please 请勿潦草)
<b>Father</b> First Name	Last Name	Home or Cell Phone	Work Phone	Email (dad – neatly print please 请勿潦草)
Emergency Contact, in case parents can't be reached: Name:		Relation:	Phone:	
This person has my permission to pick up my child from WIS: Name:		Relation:	Phone:	
This person has my permission to pick up my child from WIS: Name:		Relation:	Phone:	

**Please indicate your choice(s):**

<p style="text-align: center;"><b>Bilingual Summer Camp</b> at 1201 N. 145<sup>th</sup> St. Seattle (next to Shoreline)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-right: 1px solid black;">Choose Weeks</th> <th style="border-right: 1px solid black;">Choose Days</th> <th style="border-right: 1px solid black;">Choose Drop-off time</th> <th>Choose Pick-up time</th> </tr> </thead> <tbody> <tr><td>0</td><td>6</td><td>Monday</td><td>After 7:30 am By 1:00 pm</td></tr> <tr><td>1</td><td>7</td><td>Tuesday</td><td>After 8:15 am By 5:00 pm</td></tr> <tr><td>2</td><td>8</td><td>Wednesday</td><td>After 9:00 am By 5:45 pm</td></tr> <tr><td>3</td><td>9</td><td>Thursday</td><td>After 1:00 pm</td></tr> <tr><td>4</td><td>10</td><td>Friday</td><td></td></tr> <tr><td>5</td><td>11</td><td></td><td></td></tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>List allergy items, if any:</p> </div> <table style="width: 100%; margin-top: 10px;"> <tr><td>Take Music?</td><td>Yes / No</td></tr> <tr><td>Take Art?</td><td>Yes / No</td></tr> <tr><td>Take Tumble Bus?</td><td>Yes / No</td></tr> <tr><td>Toilet trained?</td><td>Yes / No</td></tr> <tr><td>Nap?</td><td>Yes / No</td></tr> </table>	Choose Weeks	Choose Days	Choose Drop-off time	Choose Pick-up time	0	6	Monday	After 7:30 am By 1:00 pm	1	7	Tuesday	After 8:15 am By 5:00 pm	2	8	Wednesday	After 9:00 am By 5:45 pm	3	9	Thursday	After 1:00 pm	4	10	Friday		5	11			Take Music?	Yes / No	Take Art?	Yes / No	Take Tumble Bus?	Yes / No	Toilet trained?	Yes / No	Nap?	Yes / No	<p style="text-align: center;"><b>English Reading &amp; PSAT / SAT / ACT Prep</b> Online lessons by Ms. Layton</p> <p>Circle lesson day Wed. / Satur.</p> <p>Lesson time _____</p> <p>Current grade _____</p>	<p style="text-align: center;"><b>Bilingual Preschool</b> at 1201 N. 145<sup>th</sup> St. Seattle</p> <p style="text-align: center;">Please email <a href="mailto:info@WashingtonInternationalSchool.com">info@WashingtonInternationalSchool.com</a> for registration package</p>
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<p style="text-align: center;"><b>English Writing &amp; College Entrance Essay</b> Taught in person by Mr. Walsh</p> <p>Lesson time _____</p> <p>Current grade _____</p>	<p style="text-align: center;"><b>Saturday Chinese</b> at 12324 Roosevelt Way NE Seattle</p> <p style="text-align: center;">Not available during COVID-19 May reassume soon</p>	<p style="text-align: center;"><b>One on One Tutoring</b> By Mr. Walsh At 12324 Roosevelt Way NE Seattle</p> <p style="text-align: center;">Arranged individually</p>																																						

**Please read the following waiver before you sign:**

1. 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.
2. I am responsible for keeping our phone numbers, email addresses, mailing address, emergency contacts, pickup permission, and my child's medical information accurate and up-to-date with WIS. I understand that announcements by WIS are often sent via email. I am responsible for checking my email regularly in order to view WIS announcements.
3. My child has my permission to participate in the indoor and outdoor activities organized by WIS. I give permission for my child to eat meals/snacks provided by 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. I will be fully responsible for any of the expenses incurred.
4. I understand that WIS may take pictures of its students and their families 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.
5. For **quarterly courses** (including but not limited to English and Chinese lessons), I understand there is no refund, credit, day-switch, or any kind of tuition adjustment under any circumstances once tuition is paid, regardless of when it is paid. I agree to pay a late payment fee of \$5 per week if tuition is not paid before the first lesson of the quarter. I agree with the tuition policies and snow day policies posted at WIS website. 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. My child shall not bring any food or beverage to WIS without teacher's permission, except water. If my child must eat in school due to a medical condition, I am responsible for cleaning up and taking out any resulting garbage.
6. For **summer camp**, I understand there is no refund, credit, day-switch, or any kind of tuition adjustment under any circumstances once tuition is paid, regardless of when it is paid. 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. I agree to pay an additional \$1 per calendar day if the late pick-up fee is not paid when I picked up my child. I agree with all the summer camp policies posted at WIS website. I understand that per health policy I need to keep my child away from school if my child is sick with any illness, has been in close contact with confirmed or suspected COVID-19 case, or after travel. The quarantine period is at least 10 days if no negative COVID-test result submitted, but more days may be needed based on the guidelines from the Health Department. I understand there is no refund, credit, day-switch, or any kind of tuition adjustment for sick leaves and quarantine periods.
7. This waiver is valid for all current and future courses / programs I or my child may take, including but not limited to the courses / programs indicated on this form.

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