

Bel-Red Bilingual Academy 北美双语学院

Registration Form for PS to JK & K to 1st grade 2024 Summer School

Student Name (学生英文姓名) _____

Student Chinese Name (学生中文姓名) _____

Birthday (出生日期) _____ Gender (性别) M F

Home Address (家庭住址) _____

Home Phone (电话) _____

Parents or Guardians

Father's Name (父亲姓名) _____ Email _____

Work Phone _____ Mobile Phone _____

Mother's Name (母亲姓名) _____ Email _____

Work Phone _____ Mobile Phone _____

Emergency Contact (others than child's parents 除了孩子父母以外)

Emergency Contact Name 1: _____ Phone _____

Relationship with the student _____

Emergency Contact Name 2: _____ Phone _____

Relationship with the student _____

Medical Information and Release for Emergency Medical Treatment

Allergies (if any, otherwise put N/A) _____

Insurance company _____ Policy # _____

Doctor Name _____ Doctor Phone _____

I authorize the school, in the event of a medical emergency, to contact medical insurance, a licensed ambulance service, or a legal representative (employee) of the school, to transport my child _____ to a licensed and accredited medical hospital for emergency medical treatment.

Signature _____ **Date** _____

Pre-school, Pre-K & Kindergarten & 1st Grade Summer School

(Please select the weeks and Extended Care when needed)

Week 1 (6/19-6/21)	<input type="checkbox"/> All day (3 days)	\$252	<input type="checkbox"/> Ext \$48	
Week 2 (6/24-6/28)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	
Week 3 (7/1-7/5) *	<input type="checkbox"/> All day	\$390	<input type="checkbox"/> Ext \$54	7/1-7/31
Week 4 (7/8-7/12)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	\$1850
Week 5 (7/15-7/19)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	
Week 6 (7/22-7/26)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	
Week 7 (7/29-8/2) ***	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	8/1-8/27
Week 8 (8/5-8/9)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	\$1600
Week 9 (8/12-8/16)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	
Week 10 (8/19 - 8/23)	<input type="checkbox"/> All day	\$420	<input type="checkbox"/> Ext \$80	
Week 11 (8/26 & 8/27)	<input type="checkbox"/> All day (2 days)	\$168	<input type="checkbox"/> Ext \$32	

*No class on July^{4th}. There are no alternated weeks between July & August when choosing monthly rate.

** Kindergarten & 1st Grade summer quarter is from 6/19-7/19 and 8/26-8/27.

***When signing up monthly for August rate and starting on 7/29, additional fee is \$210.

Fees for Preschool to Pre-K & K to 1st Grade Summer School

All day per week \$420	All day for 6/19-6/21 \$252 All day for 8/26-8/27 \$168	July Monthly Rate \$1850
Extended Care (3:30-5:30) \$80 weekly	Extended Care for 6/19-6/21 \$48 7/1-7/5 \$54 8/1-8/2 or 8/26-8/27 \$32	August Monthly Rate \$1600

- **Drop-In Program:** \$95 per day (8:30-3:30) for 2.5-6yrs; or \$15 per hour.
- **Non-refundable registration fee: \$25**

Lunch needs to pay on Mondays: School lunch \$4.50 for 2.5-5yrs old, \$5 for 5 or older.

Or bring your own lunch. 午饭需要每周付费 lunch fee needs to be paid weekly.

School offers snacks.

Discount policy:

1. A 10% discount is available for 2nd child in the same family same week (apply to the lower tuition excluding Extended Care and other fees 10% off 不包含课后和其他费用).

Cancellation, Late Charge and Refund Policy

Weekly or Full tuition must be paid one week in advance. Otherwise, \$10 late fee is charged after the first day of the week in addition to the tuition.

- 100% refund can be given seven days notice before the registered camp starts.
- 50% refund can be given on and/or after the first day of the registered camp.
- 30% refund can be given on and/or after the second day of the registered camp.
- No refund can be given on or after the third day of the registered camp.

Payment options: Check payable to: Bel-Red Bilingual Academy

Mailing address: 15061 Bel-Red Road, Bellevue, WA 98007

Zelle: principal@brbackademy.com

\$25 registration needed to pay when registering

Total: _____

Parent / Guardian Signature _____ **Date** _____