

# SUNFLOWER LEARNING

向日葵学校 - Located At Princeton Charter School

Tel: 908-240-8008 / 908-625-2951

Email: [sunflowerlearning2013@gmail.com](mailto:sunflowerlearning2013@gmail.com)

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## Chinese Program Application Form

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Name \_\_\_\_\_ 中文名 \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

### Contact Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

父亲中文名 \_\_\_\_\_ 母亲中文名 \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Person authorized to pick up child and/or contact in case of Emergency if neither parent is available:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## Tuition Commitment

I am enrolling my child \_\_\_\_\_ at Sunflower Learning for the Chinese Language Program

- I am enrolling my child for

	<b>Grade 1</b> 3:15 - 4:15 PM	<b>Grade 2</b> 3:15 - 4:15 PM	<b>Grade 3</b> 4:20-5:20 PM	<b>Grade 4&amp;Up</b> 4:20 - 5:20 PM
<b>Fall Session</b> 9/11/18 - 1/29/19				
<b>Spring Session</b> 2/05/19 - 6/14/19				

It is understood that tuition is paid on a session basis. In the event that a tuition check does not clear with the bank, a fee of \$35 will automatically be attached to that session's tuition. There will be a non-refundable registration fee of \$30 for all NEW students. The agreed upon tuition for the **FALL Session is \$57\*** and **SPRING Session is \$540 (Please circle desired Session)**.

- *Classes are held every Tuesday and Friday.*
- *We operate in accordant to PCS school calendar.*
- *There are no refunds or makeup for missed classes.*
- *Class canceled due to weather or other emergency situation.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

School Director: " " " " " " " " Y u L i Date: 04/15/2019

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## Emergency Contact Form

### Child's information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Father's information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Mother's information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency contacts other than parents

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical information

Allergies (e.g. peanut butter, bee stings, medications): \_\_\_\_\_

\_\_\_\_\_

Chronic diseases (e.g. diabetes, asthma): \_\_\_\_\_

\_\_\_\_\_

Any other information that emergency personnel should know about: \_\_\_\_\_

\_\_\_\_\_