

EAST-WEST CULTURAL AND EDUCATIONAL CENTER

3655B Old Court Rd, Suite #20 Pikesville MD 21208

Phone: 410-653-4160 Website: <http://eastwestculturalcenter.com> E-mail: eastwestschool@gmail.com

Development Through Russian Language

Educational Program: 2018-2019

ENROLLMENT FORM

I wish to enroll my child at the East-West Cultural and Educational Center (EW Center) for the 2018–2019 School Year. I selected classes as shown on Registration Fee and Tuition Fee Form enclosed.

(PLEASE PRINT)

Child's Information

Name (English) Last Name _____ First Name _____
Name (Russian) Last Name _____ First Name _____
Commonly Used Name/Nickname _____ Gender: Male Female (*please, check*)
Date of Birth (mm/dd/year) ____/____/____ Current Age _____

Address

City _____ State _____ Zip code _____

Current School of Attendance _____ Current Grade _____

Level of Your Child's Russian Language

Do Not Speak and Understand Understand Only Basic Conversation Fluent

Language Spoken at Home

Russian only English only Russian and English More Than Two Languages

Family Information

Parent / Legal Guardian

Name _____ Occupation _____
Phone _____ E-mail _____

Parent / Legal Guardian

Name _____ Occupation _____
Phone _____ E-mail _____

Siblings

Name _____ Date of Birth (mm/dd/year) ____/____/____
Name _____ Date of Birth (mm/dd/year) ____/____/____
Name _____ Date of Birth (mm/dd/year) ____/____/____

Emergency Contacts - Other Than Parents

1. Name _____ Relation to Child _____ Phone _____
2. Name _____ Relation to Child _____ Phone _____
Person(s) Authorized to Pick Up Child _____

Health Statement

Child's General State of Health _____
Allergies or Intolerance to Food, Medication, etc. _____
Chronic Diseases _____
Action(s) to Take in an Emergency: Call 911 Call Parent at Phone _____
Other (specify): _____

Taking Photographs and/or Videotaping

Permission to EW Center for taking photographs or videotaping educational activities for the purpose of marketing, promotion, use in publications and/or other reasons related to educational activities:
 Yes, I give my permission No, I do not give my permission

How Did You Hear About Us

| | | | | |
|--|--|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> My older child took EW Center classes | <input type="checkbox"/> EW Center Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Recommended by Friends | <input type="checkbox"/> Other |
|--|--|-----------------------------------|---|--------------------------------|

Other (please specify) _____

PERMISSION STATEMENT & RELEASE

Please put your initials next to each statement

_____ My child has permission to participate at EW Center educational and recreational activities.

_____ I understand that East-West Education Center does not offer child care services.

_____ I agree to bring a child/student to the class no later than 5 minutes before the class start time and pick up at the time of the class completion. I will pay to the teacher \$1 for every minute of being late of pick up a child.

_____ I understand that my Child must be clear of fever, diarrhea and vomiting for 24 hour before attending the class. If my child has green mucus or bad cough, I will keep him/her home until such illnesses are cleared up. If any of these symptoms are noticed in class, my child will be respectfully asked to leave.

_____ I am fully aware of and understand the risk of possible illness and/or accidental injury, associated with participation in the educational and recreational activities.

_____ I agree not to hold EW Center or any EW Center's official responsible for any possible illness or accidental injury which may occur during the educational activities.

I agree to the terms stated above on Enrollment Form.

Parent/Legal Guardian Name

Signature

Date