

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: 2019-2020

ENROLLMENT FORM

I wish to enroll my child at the East-West Cultural and Educational Center (EW Center) for the 2019–2020 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