**Step By Step Chinese Learning Center**

**2025-26 After-School Program Registration Form**

Note: One form per student

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 中文姓名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ (2025 Fall)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Special needs: (e.g. food allergy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Home/Cell Phone | E-mail |
| Father |  |  |  |
| Mother |  |  |  |
| Guardian |  |  |  |
| Emergence Contact |  |  |  |

**Courses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Mon | Tue | Wed | Thu | Fri |
| Course | ☐C1 | ☐C1 | ☐C2 | ☐C6 | ☐C1 |
| ☐ C2 | ☐C4 | ☐C3 | ☐C8 | ☐C3 |
| ☐ Bilingual | ☐C6 | ☐C4 | ☐Bilingual | ☐C4 |
| ☐Math 2 | ☐C8 | ☐Math1 | ☐ | ☐Chess |

**2025 Fall Semester Tuition only:** (Tuition for 2026 Spring Semester Due January 20th, 2026)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ☐1 day | ☐2 days | | ☐ 3 days | ☐4 days | ☐5 days |
| Tuition | ☐$480 | ☐$950 | | ☐$1400 | ☐$1850 | ☐$2300 |
| Bus fee | ☐ $300 | | | ☐ Self drop off | | |
| Books/materials Fees | ☐ Chinese Book $60 | | Chess S100 | | Math Books $60 | |
| Registration Fee /Student | ☐ $20 | | | | Total: $ | |

* Registration fee and full tuition are due at time of registration. Registration fee is not refundable.
* $20 will be charge after **8/20/2025.**

**For BBG Use Only**

**Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_**

**Check #: \_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

* **Tuition refund policy**: 75% refund after first week; 50% refund after second week; No refund after 3rd week.
* Please make check payable to:

**Step by Step Chinese Learning Center**

* **Mailing Address:**

10 Acropolis Circle Andover MA 01810

* **Program Location:**

65 Phillips Street, Andover MA (Kids Club)

I hereby give my permission for the above registrant to participate in this program. I agree to hold harmless to the teachers from claims or liabilities related to any accidents that may occur. I give my permission for medical treatment to be given if the need arises.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_