**Step By Step Chinese Learning Center**

**2025-2026 Weekend Class Registration Form**

# Note: One form per student

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

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_ Home phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | E-mail | Work/Cell Phone |
| Father (or Guardian) |  |  |  |
| Mother (or Guardian) |  |  |  |
| Emergence Contact |  |  |  |

**Note: (Complete this form for 2025-26 School Year and Pay Tuition for 2025 Fall Semester only.)** (**Tuition for 2026 Spring Semester Due January 20th, 2026)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class | Time | Tuition | Book | Registration | Total |
| Grade 1 Chinese | 12:00–1:40pm | $360 | $60 | $20 |  |
| Grade 2 Chinese | 1:40–3:20pm | $360 | $60 |  |
| Grade 3 Chinese | 1:40–3:20pm | $360 | $60 |  |
| Grade 4 Chinese | 12:00–1:40pm | $360 | $60 |  |
| Grade 6 Chinese | 1:40–3:20pm | $360 | $60 |  |
| Grade 8 Chinese | 1:40–3:20pm | $360 | $60 |  |
| AP Chinese | 3:30–5:15pm | $360 | $90 |  |
|  |  |  | Grand Total | | $ |

* Tuition and registration fee are due at time of registration. Registration fee is not refundable.
* $20 **late fee** will be charged if you register class after 8/15/2025.
* **Tuition refund policy**: 75% refund after first class; 50% refund after second classes; No refund after 3rd class.

**For BBG Use Only**

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

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

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

* Please make check payable to: Step by Step Chinese Learning Center.
* **Program Location:**

65 Phillips St, Andover MA 01810（Kids Club）

* **Time: All classes hold on Sunday Afternoon。**
* **Mailing Address:** 10 Acropolis Circle, Andover MA 01810

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**