



**After-School Mandarin Program All K-6 students**

**One session is \$250 net 15 days, Tuesday or Thursday at 2:30-4 pm.**

**One session for \$500 net 30 days, Tuesday & Thursday from 2:30-4 pm**

**Dates:8/22/2023-12/12/2023 (No school 11/7,11/21,11/23).**

*Spaces are very limited! Register as soon as possible!*

**Complete the Registration Form with Payment to “GCEF”  
Deliver to Fletcher Elementary School office, OR  
Mail to: 18328 Alfred Ave, Cerritos, CA 90703**

**QUESTIONS: Please contact (562) 644-5608 [info@globalcultureedu.org](mailto:info@globalcultureedu.org)**

**Please send this form with a check payable to “GCEF” or PayPal to [chineseschool@globalcultureedu.org](mailto:chineseschool@globalcultureedu.org) +3% service charge from PayPal company**

**\*\* Payment plan: pay in full with a 10 % discount or 3 payments \*\***

**Global Culture Education Foundation administers this class**

**Fun with Chinese Language and Culture, Fletcher Elementary School, Orange, CA  
Student Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Years learning Chinese \_\_\_\_\_

Birth place \_\_\_\_\_ Nationality \_\_\_\_\_

Current school: \_\_\_\_\_ Current grade year: \_\_\_\_\_

**Parent /Guardian Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email \_\_\_\_\_

Doctor name \_\_\_\_\_ Doctor phone number \_\_\_\_\_

Doctor address \_\_\_\_\_

The above-named student and I agree to grant Orange Unified School District (ORANGE) and Global Culture Education Foundation (GCEF) and all sponsors of the program the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of the student in any form for use in newsletters, brochures, web sites, flyers, and in any other format of publications produced for ORANGE and GCEF and all sponsors of the program; and, the student and I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith; and, the student and I also grant any use of the student 's name in any part of those publications listed above.

**Please Check One** Yes No

I certify that all statements made herein are true and correct. I also declare that the above-named student has good physical condition and medical insurance coverage. Orange Unified School District (ORANGE) and Global Culture Education Foundation (GCEF) have my authority to secure necessary medical attention in case of illness or accident. I will release ORANGE and GCEF and their officers, directors, agents, activity sponsors, teachers, and/or volunteers from any and all liabilities arising out of the student's participation in this program, and also further agree to indemnify and not hold responsible ORANGE and GCEF and their officers, directors, agents, activity sponsors, teachers, and/or volunteers for any losses, damages, costs, or expenses caused directly or indirectly by either the actions of the student or any staff of involved organizations in this program. In case of medical aid rendered, I will reimburse ORANGE and GCEF for medical and other expenses incurred in his/her case. And, I understand that there may be unknown risks involved in this activity. I hereby waive all claims/suits against ORANGE and GCEF or their authorized persons, officers, agents, and/or schools for, but not limited to, illness, injury, or death occurring in the duration of this program.

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