Worldplus Learning Center

After-school Enrollment Form 2023-2024

Monday to Thursday 3:45pm to 5:15pm Location: 1225 NW Murray Rd. #210, Cedar Mill

Student's name:			Chinese name:		
Birthdate:		Gender: Male Female			
School name:		Grade:			
Paren	nts/Guardians	Contact Info	rmation		
Name (first, last)		Relationship			
Street Address, City, Zip		1			
Home Phone		Cell Phone			
Email		Work Phone			
Name (first, last)		Relationship			
Street Address (if different), City	, Zip				
Home Phone		Cell Phone			
Email		Work Phone			
ı	Required Eme	rgency Conta	cts		
Name (first, last)	Phone		Relationship		
Name (first, last)	Dhono		•		
Phone Relationship Authorized Persons for Pick up					
Name (first, last)	tationized i croons for rick up				
- ,	Phone		Relationship		
Name (first, last)					
	Phone		Relationship		

Medical Information					
Insurance Provider	Policy Number				
Primary Physician's Name	Phone				
Dentist's Name	Phone				
Parent or Guardian Authorization					
I give my permission for minor medical assistance to be administered to my child (i.e., antiseptic and bandages for cuts) by WCS. In difficult or severe cases, an ambulance will be called and you and your pediatrician will be notified.					
I give permission for my child to be photographed during classroom hours or field trips by their teachers. The photos/videos may be used for publicity, marketing, advertising or news purposes.					
Parent/Guardian Signature	Date				

Tuition:

- The whole school year's tuition is averaged into nine and half equal monthly payment.
- No refund for personal sick days, holidays or personal vacation days. Missed days are forfeited.

Check the days students will be enrolled.

Number of Days	Days of the Week	A mount	Checkmark Your Choice	
4 days	M, T, W, Th	\$300		
2 days	M, W	\$160		
2 days	T, Th	\$160		

Drop In: \$25 each time

Please return this form and make checks to "Worldplus Education and Cultural Exchange." We also accept Zelle and Venmo.