

Registration Form

Western International School of Shanghai

Student Information		Parent Information	
Student Last Name:		Father's Full Name:	
Student First Name:		Mother's Full Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone:	Home:
Nationality:	Date of Birth:		Mobile:
Current School:		Shanghai Home Address:	
Grade Level:			
Email Address:			

Transportation	
Will your child need bus pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note transportation fees will be charged additionally, RMB 350.00 /student.	

Courses Registration (1 Week Session)			
<input type="checkbox"/>	Adventures in Game Design (Age 7-10, 1 Week)	8:30am-3:30pm Mon-Fri	USD 749.00 (RMB 5200)
<input type="checkbox"/>	Game Creation – Arcade & Platform (Age 10-15, 1 Week)	8:30am-3:30pm Mon-Fri	USD 749.00 (RMB 5200)
<input type="checkbox"/>	Web Design & Flash® Animation (Age 10-17, 1 Week)	8:30am-3:30pm Mon-Fri	USD 749.00 (RMB 5200)
<input type="checkbox"/>	Graphic Arts (Age 10-17, 1 Week)	8:30am-3:30pm Mon-Fri	USD 749.00 (RMB 5200)
<input type="checkbox"/>	Programming in C++ Or Java (Age 12-17, 1 Week)	8:30am-3:30pm Mon-Fri	USD 749.00 (RMB 5200)
<p>Note: All courses iSummer Tech Camps provides are on a weeklong basis. Should your child be interested in more than 1 subject, s/he is welcome to register for different course(s) in different weeks. Register early by May 8, 2009, save \$50 off the regular tuition!! Price before May 8 is \$699(RMB 4850)/week</p>			

Select the week	
<input type="checkbox"/> July 6 – July 10, 2009	<input type="checkbox"/> July 13 – July 17, 2009 SOLD OUT
<input type="checkbox"/> July 20 – July 24, 2009	<input type="checkbox"/> July 27 – July 31, 2009

Parent/Guardian Health Authorization & Release from Liability

The above health history information is correct and complete. The student herein described has permission to engage in all camp activities except as noted.

I, the parent/guardian of _____ (Student's Name), hereby give permission to the camp to provide routine healthcare, administer prescribed medications, and seek emergency medical treatment, including ordering of x-rays or routine tests. I give permission to the physician selected by the school to secure and administer treatment for the named student including emergency medical or surgical treatment and hospitalization, if necessary.

I will be financially responsible for any medical attention needed during camp or resulting from any injury received at camp.

I HEREBY WAIVE AND RELEASE Western International School of Shanghai, ITS OWNERS, AGENTS, PARTNERS, FACILITY PROVIDERS, AND EMPLOYEES FROM LIABILITY FOR ANY INJURY OR ILLNESS INCURRED WHILE AT CAMP, RESULTING FROM ORDINARY NEGLIGENCE. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED STUDENT AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. HOWEVER, I UNDERSTAND THAT I AM NOT RELEASING Western International School of Shanghai, ITS OWNERS, AGENTS, PARTNERS, FACILITY PROVIDERS, AND EMPLOYEES FROM GROSS NEGLIGENCE, RECKLESS CONDUCT OR INTENTIONALLY TORTIOUS CONDUCT. TO THE EXTENT THIS RELEASE CONFLICTS WITH CHINESE LAW GOVERNING RELEASES, THIS RELEASE IS TO BE GIVEN THE FULLEST FORCE AND EFFECT PERMITTED UNDER CHINESE LAW. IF THIS RELEASE IS DETERMINED TO BE INVALID UNDER THE LAWS OF THE GOVERNING STATE, THEN THIS RELEASE SHALL BE STRICKEN FROM THIS CONTRACT, BUT ALL OTHER TERMS AND CONDITIONS OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT.

Name of Parent/Guardian:

Signature / Date

By the above signature, it certifies that I, the Parent/Guardian, whose name is displayed above, agree to the terms stated above, and have taken the time to ensure that ALL information in this REGISTRATION FORM IS UP-TO-DATE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

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PAYMENT INSTRUCTION:

FOR USD PAYMENTS

Account Name: Western International School of Shanghai

Account Number: 31014938000220002617

Bank Information: China Construction Bank Qing Pu Branch,
550 Cheng Zhong Road East, Qing Pu District, Shanghai, PRC 201700

FOR RMB PAYMENTS

Account Name: 上海西华国际学校 (Western International School of Shanghai)

Account Number: 076648-97460155200000409

Bank Information: Shanghai Pudong Development Bank, Cao He Jing Branch
461 Hong Cao Road, Shanghai, PRC 200233

Bank Transfer Notes: When you are making payments by bank transfer, please fill 'iSummer Tech Camps' as a bank transfer note. Thank you!

A copy of the bank voucher/remittance together with the child's English name should be faxed to us, the fax # is (021) 51901323. Cash payments can only be paid using RMB.