

LOS ANGELES CHINESE CULTURAL CENTER

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Web Site: www.laccc.net, E-mail: info@laccc.net

REGISTRATION FORM

Semester: _____ Date Registered: _____ Student No.: _____

Student's Name (Last, First): _____ Gender (M/F): _____

Date of Birth (MM/DD/YY): _____ Age: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ E-mail: _____

Mother's Name (Last, First): _____ Cell: _____

Father's Name (Last, First): _____ Cell: _____

I would like to enroll my child in the following classes:

Mandarin Parent & Me Dancing Chinese Art Cooking

Tuition and Fees:

Tuition: _____

Materials fee: _____

Registration Fee: _____

Total Amount: \$ _____

Refund Policy:

Full refund minus \$25 registration fee before first class.

¾ of tuition will be refunded after first class.

No refund after second class.

No refund or compensation given for sickness or absence.

