

Rochester Korean Center
Language & Cultural Enrichment
Fall Session 2009-2010 Registration Form

Directions for registration:

1. Each family completes one **Registration Form**.
2. Send the completed form and a \$50 *non-refundable* registration fee (checks made out to *SMCES-Rochester Korean Center*) to the following address by **August 1, 2009**. **No late registrations will be accepted.**

SMCES Rochester Korean School
c/o Stephanie Wentz
2516 26th St NW
Rochester, MN 55901

3. In August, you will be notified of your teacher and class assignment. By the end of August, your teacher and your assigned group will determine the day, time, and location of the weekly classes. Some groups may decide to meet at the participants' homes while others may choose a 3rd party location. The Rochester Korean Center Committee will facilitate securing of a location.
4. Questions? rochesterkoreancenter@yahoo.com

Family Information:

Parent(s) Name(s):	
Address:	
Phone:	E-mail:

Student Information:

Student Name	Age as of 9/09	Language Experience (see below*) – Circle One	Fee	Total
1.		A B C D E	\$100	_____
2.		A B C D E	\$75	_____
3.		A B C D E	\$75	_____
4.		A B C D E	\$50	_____
5.		A B C D E	\$50	_____
Total:				_____
A \$50 <i>non-refundable</i> registration fee is required with this application. This fee will be deducted from the total enrollment fee due in September.				- ()
Total due in September:				_____

* *Language Experience (select one per student)*

- A - No experience
- B – Minimal (understands or speaks a few words such as “hello,” “thank you,” etc)
- C – Basic (understands spoken language at a basic level; limited vocabulary – elementary school level)
- D – Intermediate (understands spoken language; expanded vocabulary – middle school level)
- E – Advanced (understands spoken language; extensive vocabulary knowledge – at least high school level)

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Medical Information

This form is valid for 12 months

Student Name	Health Concern(s), including Allergies

Emergency Contact Information

Parent/Guardian Name:	Home Phone:
	Cell Phone:

Parent/Guardian Name:	Home Phone:
	Cell Phone:

If the parent(s) above cannot be reached in the event of an emergency, notify:

Name:	Relationship:
	Phone:

Name:	Relationship:
	Phone: