

2021 SWAN Weekend Virtual Program Mandarin Conversational Class

Beginner Level @ 9:00am – 9:45am
Intermediate Level @ 10:00am – 10:45am
Pre-Kindergarten to 1st Grade ONLY
(Max. 8 CHILDREN per Class)

For Office Use Only

Date received: _____

Staff Initial: _____

Comments: _____

Student Name (Please Print): _____ Chinese Name: _____

Date of Birth: ___ / ___ / 2016 2015 2014

How did you hear about SWAN? Friend / SWAN Parent / Current SWAN Parent / Other: _____

Is this your child's first immersion experience? Yes ___ / No, I have taken Chinese for _____ Month(s) or Year at _____

Parent/Guardian Information (Please Print)

Mother Father Legal Guardian

First Name: _____ Last Name: _____

Street Address: _____ Apt.: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (_____) _____

Email: _____ Mobile Phone: (_____) _____

Seat is not guaranteed without Registration and Program Fee before the 1st Day of Class

DATES OF CLASS	MANDARIN CONVERSATIONAL CLASS
Spring Semester 1 4/10, 4/17, 4/24, 5/01, 5/08, 5/15 & 5/22	<input type="radio"/> Spring Semester One Tuition Fee _____ \$255. <input type="radio"/> Spring Semester Two Tuition Fee _____ \$146. <input type="radio"/> Beginner Level 9:00am (Please mark) – New to Learning Mandarin. <input type="radio"/> Intermediate Level 10:00am (Please mark) – Can identify colors, numbers 1 – 10, simple greetings, and answer in short sentences.
Spring Semester 2 6/5, 6/12, 6/19, 6/26 (last weekend session) (Registration starts in May, 2021)	

- Payment Option:** -Make checks or money orders payable to **SWAN** (Include student's name on check). Online Payment (\$1.50 Process Fee), please contact: liana.moy@swan-nyc.org or 646-998-5786.
- Registration:** In Person/Mail – 90 Bowery, Floor 2, NY, NY 10013. Email: Info@swan-nyc.org.
- Payment Due Date:** To guarantee seat(s) all fees must be submitted **before the first day of class**.
- Bounced Check:** \$30 processing fee for each bounced check.

Refund Policy: Sorry, No Refund.

- There is no refund or make up class for illness, absenteeism, and/or vacation.

By signing this form, I understand and agree to the refund policy above

Parent / Guardian Signature: _____ Date: _____

Telephone: 646-998-5786

Email: Info@swan-nyc.org

Website: www.swan-nyc.org