

SWAN 2022 – 2023 Registration Form
Semester Three Start Date: 1/22/2023
ROLLING ADMISSION
VIRTUAL MANDARIN
AGE 4 – 10 ONLY

For Office Use Only

Rev 08252020

Date received: _____

Staff Initial: _____

Assessment Result: _____

First-Come-First-Served

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

Date of Birth: _____ Entering Grade: _____ School: _____

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: (____) _____

Please answer the following questions:

- 1) Is your child currently enrolled in SWAN: ☐ If “Yes”, number of years attended SWAN: _____
☐ If “No”, number of years in Chinese School/Program _____ ☐ Private Tutoring ☐ Weekend Program
 Name of School /Program: _____
- 2) How did you hear about us?
☐ Website ☐ Returning Participant ☐ SWAN Parents ☐ Facebook/Social Media
☐ Other (please specify): _____

REGISTRATION

One Application Per Child. Email Application: info@swan-nyc.org

SWAN PAYMENT AND REFUND POLICY

- **Registration Method:** Email registration form to Info@swan-nyc.org. Form and fee must be received at time of registration to guarantee seat(s). Registration is first-come-first-served.
- **Payment Option:** Check or E-Check. Credit Card will incur 3% fee. Email Info@swan-nyc.org
- **Payment Plan:** Payment plan is available, please email info@swan-nyc.org for terms and conditions.
- **Donation:** Every dollar makes a difference in running successful classrooms. All donations to SWAN are Tax-Deductible to the full extent by law.
- **Insufficient Fund Payment:** There is a \$35 fee for insufficient fund payment. Your child could be at risk of losing his/her seat.

- **No Refund or Make-Up Class** for absentees, vacation, or school closure.

By signing this form I confirm that all information entered on this form and any other required documentation submitted by me is authentic. I understand and agree to the refund policy above, and I understand that submitting false or falsified documentation is punishable by law.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Today's Date: _____

AGE 4 – 10 ONLY

Child's Name _____

Semester 3 Class Dates: 1/22/23 – 3/6/2023

Instruction: **Pick Any Two Days** under your child's age group and indicate 1st and 2nd Choice in the Time Slot (We will do our best to give you 1st Choice Time Slot)

Ages 4 – 6 Small Group Size: 1 – 4 Students	Monday Class Dates: 1/30, 2/6, 2/13, 2/27, 3/6	Wednesday Class Dates: 1/25, 2/1, 2/8, 2/15, 3/1	Friday Class Dates: 1/27, 2/3, 2/10, 2/17, 3/3	Sunday Class Dates: 1/29, 2/5, 2/12, 2/26, 3/5
4:30p – 5:15pm “45 Min Class”	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice
5:30p – 6:15pm “45 Min Class”	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice
Ages 7 – 10 Small Group Size: 1 – 4 Students	Tuesday Class Dates: 1/24, 1/31, 2/7, 2/14, 2/28	Thursday Class Dates: 1/26, 2/2, 2/9, 2/16, 3/2	Saturday Class Dates: 1/28, 2/4, 2/11, 2/25, 3/4	
4:30p – 5:15pm “45 Min Class”	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> *9:00am to 9:30am	
5:30p – 6:15pm “45 Min Class”	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice	<input type="checkbox"/> *9:00am to 9:30am	
PRIVATE SESSION	Sunday Class Dates: 1/29, 2/5, 2/12, 2/26, 3/5			
1 – 2 Students \$700 “60 Min Class”	<input type="checkbox"/> 5:30pm-6:30pm <input type="checkbox"/> Beginner Level <input type="checkbox"/> Intermediate Level <input type="checkbox"/> Advance Level			

Program Policy -

- **Make-Up Class** – Sorry, no make-up class for absentees
- **Class Transfer** – Sorry, no transfer of classes to other families.
- **Zoom Access** – Access info will be sent to email address stated on the registration form. Please download **zoom.us** on your laptop. Check sound and internet.
- **Google Classroom** – Please download google classroom to access your child's class work.
- **Registration/Questions** – Submit to info@swan-nyc.org. Email will be replied within 1 – 2 business day, thank you for your patience. Call 646-998-5786.
- **No Refund or Make-Up Class** for absentees, vacation, or school closure.
- **SWAN reserves the right to schedule changes.**

Please Check Off:

- ☐ **Small Group \$600 (45 Min, 10 Session) per semester**
- ☐ **Private Session \$700 (60 Min, 5 Sessions per Semester)**
- ☐ **Sibling Discount Credit:**
5% Sibling Discount – Name of Sibling

- ☐ **Donation: _____ \$10 _____ \$25 _____ \$35** Every dollar counts to sustain SWAN's mission and our passion in teaching. All donations to SWAN are Tax-Deductible to the full extent by law.

TOTAL: \$ _____