

**Plainfield School District (PSD-202)**

**“Startalk Chinese Summer Immersion Program” Registration Form**

**\* Please use only one registration form per child**

**Age: 5th to 9th Grade – by May 2017**

**Date: June 5 – June 29, 2017**

**Time: 8a.m. – 1:30p.m. (Monday through Thursday)**

**Location: Plainfield North High School**

**Fee: \$90 Non-Refundable registration payment is due with the registration.**

**Class Size: (Maximum 20 students/per class; total of 3 classes)**

Child’s First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Chinese Name (if have one) \_\_\_\_\_ Male\_\_\_ Female\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_

Grade this May 2017 \_\_\_\_\_ School name \_\_\_\_\_

How long have you taken Chinese classes in the Startalk Program, if applicable? \_\_\_\_\_

What ethnic group are you? (Optional/For Survey purpose) \_\_\_\_\_

Parents/Guardians (first and last name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian phones (please list all available):

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

If parents/ guardians cannot be reached,  
please contact:

Name & Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

**Student Email** \_\_\_\_\_

Does your child have any special medical condition(s) that we should know about? \_\_\_ No \_\_\_ Yes  
(If yes, please complete the “Emergency and Medical Information Form”)

Class selections:

\_\_\_ D202-1 Track 1(A) - Class (5<sup>th</sup> – 6<sup>th</sup> Grade)

\_\_\_ D202-2 Track 1(B) - Class (7<sup>th</sup> – 8<sup>th</sup> Grade)

\_\_\_ D202-3 Track 2- Class (7<sup>th</sup> – 9<sup>th</sup> Grade in May 2017) or returning students from previous year

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Please return your registration form(s) with check made payable to:**

**Plainfield School District (PSD-202)**

**Attention: Dr. Dan McDonnell**

**15732 Howard Street Plainfield, IL 60544**

**Office Contact No.: 815-577-4025**