



# 2012 Fall Semester Open Enrollment

Early Registration Deadline: August 11, 2012

## Classes Offered for Fall Semester 2012 (September 8 to December 15, 2012)

No class on 11/24/2012

**Class Location:** The Harrisburg Chinese Alliance Church,  
6950 Allentown Blvd, Harrisburg, PA 17112

Course	Level	Learning Objectives	Course Materials	Day/Hours
Regular Program: Language Class	<b>Jr. Level 1/</b> Ms. Anna Marshall	Stimulate interest in Chinese learning, offer basic training in listening and speaking through Chinese words, sentences, and songs	Zhongwen 1 by Ji Nan University	Every Saturday 9:30 – 11:00
	<b>Level 1</b> Ms. Haifang Xu Ms. Qing Jiao	Stimulate interest in Chinese learning, offer basic training in listening and speaking through Pinyin, simple Chinese words and sentences, and songs	Zhongwen 1 by Ji Nan University	
	<b>Level 2</b> Ms. Aiping Liu	Emphasize on Pinyin, teach commonly used words and phrases and introduce simplified Chinese characters in writing	Zhongwen 2 by Ji Nan University	
	<b>Level 3</b> Ms. Shuli Wang	Emphasize on listening, speaking, reading and writing. Training to think and express in Chinese.	Zhongwen 3 by Ji Nan University	
	<b>Level 4</b> Ms. Suping Chen	Emphasize on listening, speaking, reading and writing. Training to think and express in Chinese.	Zhongwen 4 by Ji Nan University	
	<b>Level 5</b> Ms. Jennifer Pomeroy	Emphasize on listening, speaking, reading and writing. Training to think and express in Chinese.	Zhongwen 5 by Ji Nan University	
	<b>Advance Level</b> Ms. Annie Lu	Emphasize on listening, speaking, advance level of reading and writing. Introduce and offer preparation classes for the Chinese SAT.	Zhongwen 6 by Ji Nan University; and CSAT material prepared by teacher	
	<b>Adult Class (for all ages)</b> To be determined	Introduce conversational Chinese and Chinese culture (Starting on 9/15/2012)	Material prepared by teacher(s)	11:00 – 12:30
Regular Program: Cultural Class	<b>Chinese Songs and Poems</b> Ms. Suping Chen	Introduce a relaxing and happy way to learn Chinese language and culture.	Material prepared by teacher(s) *Costume at additional charge	11:00 – 11:30
	<b>General Cultural Activities</b> Ms. Qing Jiao Ms. Haifang Xu	Provide opportunities to explore the Chinese Culture. Activities include Calligraphic, painting, origami, Chinese cartoon....etc.	Materials prepared by teacher(s)	11:30 – 12:00
Special Program	<b>Chinese Dance</b> Ms. Yijin Wert Ms. Suping Chen	Offer lessons on traditional Chinese folk dances and opportunities for performing at cultural events.	Prepared by teacher *Costume at additional charge.	11:30 – 12:25

\* School reserves the right to cancel any class if not enough students.

For questions, please contact Judy Guo, Principal at 717-418-7288 or email her at [judy\\_cu@yahoo.com](mailto:judy_cu@yahoo.com)

For general information, please visit our website: [www.littlestarchineseschool.com](http://www.littlestarchineseschool.com)

## Little Star Chinese Language School Registration Form Fall 2012

<b>Student Name (English):</b> <b>Student Chinese Name (if any):</b>			
<b>Date of Birth (Student only)</b>			
<b>Parents' Names</b>		<b>Email address</b>	
<b>Home Telephone No</b>		<b>Alternative Email address</b>	
<b>Cell Phone Number</b>		<b>Other Phone Number</b>	
<b>Special Note:</b>			

<b>Tuition</b>	<b>@</b>	<b>Qty.</b>	<b>Total</b>
<b>Regular Program (including the language class and the cultural class)</b>			
<b>1. Registration before August 11, 2012</b>	\$150		
<b>2. Registration after August 11, 2012</b>	\$175		
<b>Dance Class Fee</b>			
<b>3. Returning Students</b>	\$25		
<b>4. New Students (please consult school before registering dance class)</b>	\$75		
<b>5. Regular Book Order (1 text books, and 2 practice books)</b>	\$15		
<b>7. Special order on the books (please specify)</b>	\$10/ per book		
<b>Subtotal</b>			
<b>Donation (Fully tax deductible, we will send you a receipt)</b>			
<b>Family Discount (\$10 for additional kid, \$25 for Maximum)</b>			
<b>Total</b>			

\*Payment for each student includes \$20.00 non-refundable registration processing fee. If withdraw from the class within first two weeks of a semester, we will refund you full amount less the registration processing fee.

Please complete this form and mail it with your check payable to **Little Star Chinese Language School** and mail to:

**Little Star Chinese School**  
**Attn: Annie Lin**  
**925 Chowning Drive**  
**Hummelstown, PA 17036 quantity**

*By registering my child for the Chinese class, I agree with the following waive of liability statements:*

*I will not hold the Little Star Chinese Language School, its host facility, its personnel, and its volunteer workers liable for any injury, accident, illness, and other unexpected incidents occurring during school hours and/or school related activities.*

*In case of emergency, the school and/or its personnel on duty have my permission to obtain emergency care/treatment of my child until I can be contacted.*

*I agree to bring my child to class and pick my child up immediately at the end of classes.*

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

# ***Little Star Chinese School Standard Release***

(This form will be good for **one year** from the original signed date)

**Student Name** \_\_\_\_\_

## **GENERAL LIABILITY**

I understand that the Little Star Chinese School (known as "School") assumes no liability for the students or their personal belongings, whether at school building, school parking lot or on trip to other locations. I accept full responsibility for my son/daughter and his/her personal belongings.

## **MEDICAL RELEASE**

I give permission to representatives of the Little Star Chinese School to authorize medical treatment and/or surgery for my son/daughter in the event they cannot reach me at the telephone number(s) listed below, or if, in the opinion of attending medical personnel, time does not permit. Any medical condition of which attending medical personnel ought to be advised are listed below.

Parent/Guardian name (please print) \_\_\_\_\_

Home address \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Student's physician \_\_\_\_\_ Telephone \_\_\_\_\_

Physician address \_\_\_\_\_

Name of insured \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

**Allergies** \_\_\_\_\_

*If currently taking medication*

Name of medication \_\_\_\_\_

Prescribing physician \_\_\_\_\_

## **PUBLICITY RELEASE**

The undersigned hereby consents and grants the School the worldwide right and license to use my child's name, photograph, likeness and any other words and symbols that identify him/her in the advertising and promotion of the School in any medium without restrictions as to frequency.

These releases are effective for the period of **one year** from the date signed below.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_