

# EAST-WEST CULTURAL AND EDUCATIONAL CENTER

3655B Old Court Rd, Suite #20 Pikesville MD 21208

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## Development Through Russian Language

Educational Program: 2023-2024

### ENROLLMENT FORM

I wish to enroll my child at the East-West Cultural and Educational Center (EW Center) for the 2023–2024 School Year. I selected classes as shown on the enclosed Registration Fee and Tuition Fee Form.

#### Child's Information

**Name** (English) Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Name (Russian) Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Commonly Used Name/Nickname \_\_\_\_\_ Gender:  Male  Female (*please, check*)  
Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_

#### Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Current School of Attendance \_\_\_\_\_ Current Grade \_\_\_\_\_

#### Level of Your Child's Russian Language

Do Not Speak or Understand  Understand Only  Basic Conversation  Fluent

#### Language Spoken at Home

Russian only  English only  Russian and English  More Than Two Languages

#### Family Information

##### Parent / Legal Guardian

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

##### Parent / Legal Guardian

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

##### Siblings

Name \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_ Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Emergency Contacts - Other Than Parents

1. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Person(s) Authorized to Pick Up Child \_\_\_\_\_

## Health Statement

Child's General State of Health \_\_\_\_\_  
Allergies or Intolerance to Food, Medication, etc. \_\_\_\_\_  
Chronic Diseases \_\_\_\_\_  
Action(s) to Take in an Emergency:  Call 911       Call Parent at Phone \_\_\_\_\_  
Other (specify): \_\_\_\_\_

## How Did You Hear About Us

<input type="checkbox"/> My older child took EW Center classes	<input type="checkbox"/> EW Center Website	<input type="checkbox"/> Facebook /Instagram	<input type="checkbox"/> Recommended by Friends	<input type="checkbox"/> Other
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Other (please specify) \_\_\_\_\_

## PERMISSION STATEMENT & RELEASE

*Please put your initials next to each statement*

\_\_\_\_\_ My child has permission to participate at EW Center educational and recreational activities.

\_\_\_\_\_ I understand that East-West Education Center does not offer childcare services.

\_\_\_\_\_ I agree to bring a child/student to the class no later than 5 minutes before the class start time and pick up at the time of the class completion. I will pay the teacher \$1 for every minute of being late to pick up a child.

\_\_\_\_\_ I understand that my Child must be clear of fever, diarrhea and vomiting for 24 hours before attending the class. If my child has green mucus or bad cough, I will keep him/her home until such illnesses are cleared up. If any of these symptoms are noticed in class, my child will be respectfully asked to leave.

\_\_\_\_\_ I am fully aware of and understand the risk of possible illness and/or accidental injury, associated with participation in the educational and recreational activities.

\_\_\_\_\_ I agree not to hold EW Center or any EW Center's official responsible for any possible illness or accidental injury which may occur during the educational activities.

\_\_\_\_\_ I permit EW Center to take photographs or videotape educational activities for marketing, promotion, use in publications, and/or other reasons related to educational activities.

**I agree to the terms stated above on Enrollment Form.**

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date