REGISTRATION FORM

China 朋友 Friends
MANDARIN LANGUAGE CENTER

REGISTRATION FORM
800 W. Buena Avenue Chicago, IL 60613
p: 773 525 6000   f:773 525 6040

Fall /Spring Year:___

STUDENT: **DOB:**

Description	x/week	Day 1/time	Day 2/time	Day 3/time	Tuition

Subtotal:

STUDENT: **DOB:**

Description	x/week	Day 1/time	Day 2/time	Day 3/time	Tuition

Subtotal:

STUDENT: **DOB:**

Description	x/week	Day 1/time	Day 2/time	Day 3/time	Tuition

Subtotal:

Two-payment plan options need to be set up at the office.
Credit cards will be charged the remaining 50% tuition:
    Fall: mid-October
    Spring: mid-March

Total: _____

New Family Registration Fee: **$30**
*All first time registrants need to also complete the Student Information/ Policy Form.

Discounts   __(_____)__

Grand Total:

☐ **I wish to pay by Credit Card.** *PLEASE FILL OUT BILLING ADDRESS INFORMATION*

Card Type: ☐ **Visa**   ☐ **Mastercard**

Charge No: _____ **Exp:** _____ **verification code:** __ __ __
                                          XX/200X   This is a three-digit code on the back of your card

Name as it appears on the card:_____
BILLING ADDRESS:

address:_____ city:_____ state_____ zip: _____

I wish to charge my account: **AMOUNT:**

One Installment		
Two Installments	Charged Fall: mid-October or Spring: mid-March	

SIGNATURE: _____ **DATE:** _____ **Total:**

☐ **I wish to pay by Check.**   ☐ I have mailed the check in with my form.

                      ☐ I have faxed in my form and will be sending a check to
                      secure my placement in the class.