



TRUNG TÂM VIỆT NGỮ VĂN LANG BOSTON
Vietnamese American Volunteer Association, Inc.
42 Charles Street, Dorchester, MA 02122
"Biết Tiếng Nói, Thương Giống Nòi"

REGISTRATION FORM

Student's Name: _____ Birthday: ____/____/____ (=>7yrs)
Last Middle First month day year

Father's name: _____
Last Middle First

Mother's name: _____
Last Middle First

Address: _____
and Street City State Zip code

Phone #1 (used more often): _____ Phone #2: _____

Parent's email for communications with school: _____

Student ☐ new ☐ current | ☐ VL1 ☐ VL2 ☐ VL3 ☐ VL4

- Van Lang's school year begins with the weekend after Labor Day, i.e. second weekend in September of Year 1, and ends in the third weekend in May of Year 2.
- VL1: Williams Junior High, 180 Walnut Street, Chelsea. Saturdays 10am - 12pm
- VL2: VietAID Community Center, 42 Charles Street, Dorchester. Sundays 10am - 12pm
- VL3: VietAID Community Center, 42 Charles Street, Dorchester. Sundays 1pm - 3pm
- VL4: VietAID Community Center, 42 Charles Street, Dorchester. Saturdays 10am - 12pm

Registration fee: \$200 / school year (\$25 discount for each additional child from same family).
\$25 charge if returning students register late (i.e. after August 1st). Please make check payable to
VAVA, mail to: Văn Lang Vietnamese Language Center of Boston, 42 Charles St, Dorchester,
MA 02122

Medical Information & Liability Release

Name of parent/ legal guardian _____

Primary Care Physician _____ Phone _____

Last physical checkup for student (month/year): _____

I agree to release Van Lang Vietnamese Language Center of Boston from any liabilities due to injuries suffered by my child/children while in Van Lang's school.

I agree to allow Van Lang Vietnamese Language Center of Boston to use my child / children's images in its letters and publications.

(Parent / Guardian's signature)

(month/ day/ year)