



**Kwong Kow Chinese School**

中華廣教學校

**Afterschool Program 課餘班**

**2016 – 2017 Registration Form 入學註冊表**

Student Name 學生姓名(English) \_\_\_\_\_ (中文) \_\_\_\_\_ KKCS Student # \_\_\_\_\_

KKCS Admission Date \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ Age 年齡: \_\_\_\_\_ Gender 性別: \_\_\_\_\_

English School Grade in 2016-2017 英文學校年級: \_\_\_\_\_ Name of Day School 英文學校名稱 \_\_\_\_\_

Parent's Name 家長姓名: (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Address 地址: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Home Phone 家中電話: \_\_\_\_\_ Mobile Phone 手機: \_\_\_\_\_

**Please answer the questions below 請回答以下問題:**

Please rank the following in the order of your priority ("1" being the most important)  
請根據您的意願，確定以下各項的重要性（「1」為最重要）

- homework 完成家課
- English/math enrichment 加強英數
- MCAS
- PARCC
- Fun with Chinese 趣味漢語

Who can help your child with homework at home? Check all that apply. 家裏有誰可以幫助孩子溫習功課？可以剔選多項。

- child's father 父親
- child's mother 母親
- Other 其他人: \_\_\_\_\_
- No one 沒有人

How did you hear about our programs? 你如何得悉廣教學校各項目的資料? \_\_\_\_\_

**All students in G5 – G8, please check the appropriate box below 五年級至八年級同學，請挑選以下其中一項:**

- G5 – G8 regular class
- G5 ISEE
- G6 ISEE
- G7 ISEE
- G8 ISEE

**Parent/Guardian Permission 家長及監護人同意書**

As a parent or legal guardian, I give permission for the registrant to participate in all activities and off-site trips conducted by KKCS. I understand and agree to abide by all KKCS policies and regulations. I hereby release and discharge the Kwong Kow Chinese School and its officers, employees, agents, and volunteers from any and all claims for accidents during the program. In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

作為家長及監護人，本人同意我的孩子參與中華廣教學校的課程及活動。我理解、同意、並遵守學校制訂的規章制度。若發生意外事故，校方不須負任何法律責任。在緊急情況下，本人願意並允許學校將我的孩子送到醫院急症室進行治療。

I understand and agree that tuition is non-refundable unless there is an unexpected and unavoidable circumstance.  
本人明白並同意，除非有突發又無可避免的特殊情況，否則已繳費用一律不會退回。

Parent's Signature 家長簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| (以下由學校填寫 For Office Use Only)       |               | Registration # _____   |
| 收費 Payments: \$ _____               | 現款 Cash _____ | 支票 Check No.: _____    |
| Registration Form checked by: _____ |               | Date: _____            |
|                                     |               | Fee received by: _____ |
|                                     |               | Date: _____            |

# First Aid and Emergency Medical Care Consent Form

## 急救和緊急醫療同意書

In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

在緊急情況下，本人允許學校將我的孩子送到醫院急症室進行治療。

Name of Child's Physician 醫生姓名: \_\_\_\_\_ Phone Number 電話: \_\_\_\_\_

Address 地址: \_\_\_\_\_

My child has known allergy (allergies) to: 我的孩子對 \_\_\_\_\_ 過敏

I give permission for KKCS to administer the medications listed on the "Medication Consent Form"

本人允許學校給我的孩子服用「服用藥物同意書上之藥物」

### Emergency Contacts (in the order to be contacted) 緊急聯絡 (請以聯絡先後次序排列):

1. Name 緊急聯絡人姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

Do you give permission for child to be released to this person? 你是否允許此聯絡人為你接你的子女? Yes 是 No 否

1. 2. Name 緊急聯絡人姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

Do you give permission for child to be released to this person? 你是否允許此聯絡人為你接你的子女? Yes 是 No 否

### Student Transportation Plan and Authorization 學生接送許可書

At daily arrival time, my child will ... 我的子女從日間學校下課後將會...

\_\_\_\_\_ be delivered by parent 由家長送到學校 \_\_\_\_\_ walk to school by him/herself 自己步行到學校  
\_\_\_\_\_ arrive by school bus 乘搭校車到學校 (Describe 說明: \_\_\_\_\_)

\_\_\_\_\_ go to school via other means 以其它方法到學校 (School Bus No. 校車編號: \_\_\_\_\_)

At daily dismissal time, my child will ... 我的子女從廣教學校下課後將會...

\_\_\_\_\_ be picked-up by parent 由家長接放學 \_\_\_\_\_ walk home by him/herself 自己步行回家  
\_\_\_\_\_ go home via other means 以其它方法回家 (Describe 說明: \_\_\_\_\_)

I give my permission to the following people to pick up my child at the end of the day.

我允許下列的家人或朋友下課後為我接我的子女。

1. Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

2. Name 姓名: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Address 地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

KKCS requires that transportation requests be stated in writing and maintained in the child's file. I understand that unless the school is otherwise notified in writing, the plan detailed above will be implemented.

如以上接送計劃有所更改，家長必須以書面通知學校。

Parent's Signature 家長簽名: \_\_\_\_\_

Commonwealth of Massachusetts  
Department of Early Education and Care

**MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of child: \_\_\_\_\_

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

Please  one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (applied to open wound/ broken skin) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
\_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**AFFIDAVIT FOR CURRENT MEDICAL RECORDS**  
*(to be completed for all students in KKCS Afterschool Program)*

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parent's/Guardians's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby testify that my child, named above, has all required immunizations, lead screening, and physical examinations, the records of which are current and available at my child's school, and at my child's physician's office.

Name of Child's Day School: \_\_\_\_\_

Name of child's Physician, Address, Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)