



Kwong Kow Chinese School

中華廣教學校

Weekend Academy 週末班

2016 - 2017 Registration Form 入學註冊表

Student Name 學生姓名(English) _____ (中文) _____ KKCS Student # _____

Date of Birth 出生日期: _____ Age 年齡: _____ Gender 性別: _____

English School Grade in 2015-2016 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: _____

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

Please check your class selections below 請選擇以下課程:

- Language & Culture 中國語文及文化, Cantonese Class 粵語班, Saturday 星期六, Sunday 星期日, Chinese Dulcimer (Yangqin) 揚琴, Chinese Zither (Guzheng) 古箏, Saturday 星期六, Beginning Violin 小提琴初級班, Saturday 星期六, Dance 舞蹈, Saturday 星期六, Sunday 星期日, Children's Art Studio 巧巧手兒童繪畫室, Saturday 星期六, Sunday 星期日, Watercolor & Drawing 水彩及素描, Saturday 星期六, Sunday 星期日, Chinese Painting and Calligraphy 中國水墨畫及書法, Sunday 星期日, ELL Reading and Writing 英語閱讀及寫作 Please circle Grade: K 1 2 3, Saturday 星期六, Sunday 星期日, English/Math Enrichment 英數進階 Please circle Grade: 3 4 5 6 7 8 9 10, Saturday 星期六, Sunday 星期日, ACT/SAT Reasoning & Subject Tests 大學入學試, Saturday 星期六, Sunday 星期日, ISEE Supplement ISEE 補充課題, Saturday 星期六

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，本人願意允許學校將我的孩子送到醫院急症室進行治療。

As a parent or legal guardian, I authorize the use of pictures, images and likeness for reasonable use and incorporation by Kwong Kow Chinese School for informational and media use in connection with the Kwong Kow Chinese School website and media outreach to the general public. 作為家長及監護人，我同意學校將我的孩子的照片及影像發佈在校刊、網站、廣告和宣傳材料上。

I understand 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.: _____ 信用卡 Credit Card Transaction 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 listed medication 本人允許學校給我的孩子服用以下藥物: _____

Other Health Conditions 其它健康狀況: _____

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 to Child 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

2. Name 緊急聯絡人姓名: _____ Relationship to Child 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 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
_____ Other 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: _____

3. Name 姓名: _____ Relationship 關係: _____

Address 地址: _____ Phone 電話: _____

KKCS requires that emergency contacts, medical care consents, and 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 consents and plan detailed above will be implemented. This permission is valid for the entire duration of the 2016-2017 school year.

如以上醫療同意書、緊急聯絡、或接送計劃有所更改，貴家長必須以書面通知學校，否則此書在 2016-2017 學年內有效。

Parent's Signature 家長簽名: _____ Date 日期: _____