



Kwong Kow Chinese School

中華廣教學校

2017-2018 Afterschool Program Registration Form 課餘班入學註冊表

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 2017-2018 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: _____

All students in K-G4, please check your class selection below K 班至四年級同學, 請選擇以下其中一項:

homework + Fun with Chinese 完成家課+趣味漢語 homework + English/Math Enrichment 完成家課+加強英數

All students in G5-G8, please check the appropriate box below 五年級至八年級同學, 請選擇以下其中一項:

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

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 _____

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暑期班的課程及活動。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。

Tuition is non-refundable unless there is an unexpected *and* unavoidable circumstance.

除非有突發又無可避免的特殊情況, 否則, 已繳費恕一律不得退回。

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

(以下由學校填滿 For Office Use Only)		Registration # _____
收費 Payment: \$ _____	現款 Cash _____	支票 Check No.: _____
Registration Form checked by: _____		信用卡 Credit Card Transaction No.: _____
Date: _____	Fee received by: _____	Date: _____

First Aid and Emergency Medical Care Consent Form

急救和緊急醫療同意書

Child's name: _____ Date of Birth: _____ Grade: _____
學生姓名 出生日期 年級

I authorize staff at KKCS Afterschool Program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to secure necessary medical treatment for my child.
本人授權廣教學校在緊急情況下對我的孩子進行救治，並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。

If your child has allergies, please complete Individual Health Care Form. Please see the office for the form.

如果您的孩子有過敏史，請填寫個人健康表。

Emergency Contacts (in the order to be contacted) 緊急連絡(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? Yes 是 No 否

你是否允許此聯絡人為你接你你的子女?

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? Yes 是 No 否

你是否允許此聯絡人為你接你你的子女?

3. 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? Yes 是 No 否

你是否允許此聯絡人為你接你你的子女?

Health Insurance Coverage and Policy# _____

健康保險號

Parent/Guardian Signature 父母監護人簽名

Date 日期

Student Transportation Plan and Authorization 學生接送許可書

My child will arrive at the program 我的子女到校方式:

- parent drop off 家長送到學校
- supervised walk from their school 學校員工陪同學生從公立學校步行到學校
- supervised walk from the bus stop: Please provide BPS letter indicating bus stop location
學校員工陪同學生從校車站步行到學校
- unsupervised walk: Must be age 12 or older and have submitted parent consent form 學生自行到校

My child will depart from the program 我的子女離開學校方式:

- parent pick up 由家長接放學
- unsupervised walk by him/herself: Must be age 12 or older and have submitted parent consent form
自己回家
- be picked up by authorized person listed below 由家人或朋友接放學

I give my permission to the following people to pick up my child at the end of the day.
These people may be asked to show proof of identification. (government issued picture ID)

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 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.

如以上接送計畫有所更改，家長必須以書面通知學校。

Parent's Signature 家長簽名: _____

Date 日期: _____

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/Guardian'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)