



Kwong Kow Chinese School
中華廣教學校

2018 Summer Program Registration Form 暑期班註冊表

(以下由學校填滿 For Office Use Only)

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

KKCS Student # _____

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

KKCS Admission Date _____

Day School Grade in 2018-2019 日間學校年級: _____ Name of Day School 日間學校名稱 _____

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 Summer Program? 你如何得悉廣教學校暑期班的資料? _____

Please check all that apply 請選擇以下項目:

Core Program 核心課程

Chinese Immersion Program 沉浸式漢語班

Full Program: July2 - August 24

Partial Program (Circle at least 3 consecutive weeks)

WK1 Jul2- 6 WK2 Jul9 - 13 WK3 Jul16 - 20 WK4 Jul23 - 27

WK5 Jul30 - Aug3 WK6 Aug6 - 10 WK7 Aug13 -17 WK8 Aug20 - 24

Early Drop-off (Circle all that apply)

WK1 Jul2- 6 WK2 Jul9 - 13 WK3 Jul16 - 20 WK4 Jul23 - 27

WK5 Jul30 - Aug3 WK6 Aug6 - 10 WK7 Aug13 -17 WK8 Aug20 - 24

Late Pick-up (Circle all that apply)

WK1 Jul2- 6 WK2 Jul9 - 13 WK3 Jul16 - 20 WK4 Jul23 - 27

WK5 Jul30 - Aug3 WK6 Aug6 - 10 WK7 Aug13 -17 WK8 Aug20 - 24

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)

Sibling Discount

Registration # _____

收費 Payment: \$ _____ 現款 Cash _____ 支票 Check No.: _____ 信用卡 Credit Card Transaction No.: _____

Registration Form checked by: _____ Date: _____ Fee received by: _____ Date: _____

*KKCS recruits and encourages enrollment of children from diverse backgrounds. 本校招收多元化背景的學生

*KKCS participates in the state subsidized child care program. 本校參與州政府補助兒童護理項目

First Aid and Emergency Medical Care Consent Form
急救和緊急醫療同意書

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

Parent/Guardian 1 Name 父/母/監護人 1 姓名: _____	phone number 電話: _____
Parent/Guardian 2 Name 父/母/監護人 2 姓名: _____	phone number 電話: _____

I authorize staff at KKCS 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.
本人授權廣教學校的急救受訓教職員，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。學校將盡所能通知本人。

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

Address 地址: _____

Health Insurance Coverage and Policy# _____
健康保險計劃名稱與號碼

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

If your child has allergies, please complete "Individual Health Care Form".

如果您的孩子有過敏史，請填寫《個人健康護理計劃書》。

Is medication required 您的孩子是否需要服藥? Yes 是 No 否

Please complete "Medication consent Form" 請填寫《服用藥物同意書》

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 other than Parents/Guardians (in the order to be contacted)

父母或監護人以外的緊急聯絡人(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的子女?

Parent/Guardian Signature 父母或監護人簽名

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 由家長送到學校
- unsupervised walk: Must be age 12 or older and have submitted parent consent form
學生自行到校: 須 12 歲以上, 請家長簽署同意書
- other 其他

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: Must be age 12 or older and have submitted parent consent form
學生自行離校: 須 12 歲以上, 請家長簽署同意書
- be picked up by authorized person listed below 由下列授權人士接放學

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).

我允許下列人士下課後為我接我的子女。 這些人可能被要求出示身份證明。

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: _____

**THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care**

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

2018 Summer Program Activity Choices 暑期班選修活動

Name 姓名 _____ Grade 年級 _____ Full Program/ Partial Program (Circle one.)

Each student is required to participate in an activity from each group. Please enter 1, 2, or 3 in the box next to the activity you wish to take for each group, to indicate your preference. Since there is a limit for class size, we have to prioritize student enrollment according to their dates of registration. Students in the full program will have priority.

每位同學必須在每組活動中參加一項。請根據你志願的優先順序，在每組活動的空格上填上 1, 2 或 3。因為班額有限，我們會按報名先後安排每位同學的分組活動。參加八星期的同學優先安排。

Group 1-Performing Arts 表演藝術組

Class Limit 人數上限

- | | | | |
|--------------------------|------------------------------------------|----------|-----|
| <input type="checkbox"/> | Yanqin (Chinese Dulcimer) 揚琴 (G2 and up) | 12 | |
| <input type="checkbox"/> | Guzheng (Chinese Zither) 古箏 (G2 and up) | 12 | |
| <input type="checkbox"/> | Drums & Percussions 鼓樂及敲擊樂 (G3 and up) | flexible | 可調整 |
| <input type="checkbox"/> | Beginning Violin 小提琴入門 (G1 and up) | 16 | |
| <input type="checkbox"/> | Dance 舞蹈 (G2 and up) | 16 | |

Group 2-Fine Arts 美術組

- | | | | |
|--------------------------|-------------------------------------------------------|----------|-----|
| <input type="checkbox"/> | Children's Arts 兒童畫 (G1 – G2) | 12 | |
| <input type="checkbox"/> | Sketching & Drawing 素描與繪畫 (G3 and up) | | 12 |
| <input type="checkbox"/> | Chinese Painting and Calligraphy 中國水墨畫與書法 (G3 and up) | 16 | |
| <input type="checkbox"/> | Arts and Crafts 手工藝 (G2–G3) | flexible | 可調整 |
| <input type="checkbox"/> | Arts and Crafts 手工藝 (G4 and up) | flexible | 可調整 |

Group 3-Physical Activities 體健組

- | | | | |
|--------------------------|-----------------------------------------------|----|--|
| <input type="checkbox"/> | Table Tennis 乒乓球 (G2 and up) | 16 | |
| <input type="checkbox"/> | Kung Fu for Young Students 功夫小子 (G1 and up) ♦ | 16 | |
| <input type="checkbox"/> | Lion Dance 舞獅 (G4 and up) ♦ | 16 | |

** Swimming 游泳 (G2 and up) – required for all students G2 and up 二年級及以上必修

Group 4- Critical Thinking and Creative Technology 思考及創意科技組

G2 and up

- | | | | |
|--------------------------|--------------------------------------|----------|-----|
| <input type="checkbox"/> | Chess & Chinese Chess 國際象棋及中國象棋 | 12 | |
| <input type="checkbox"/> | Strategy Games 思考遊戲 | flexible | 可調整 |
| <input type="checkbox"/> | Multimedia Educational Games 多媒體思考遊戲 | 12 | |

G4 and up

- | | | | |
|--------------------------|----------------------|----------|-----|
| <input type="checkbox"/> | Problem Solving 解難遊戲 | flexible | 可調整 |
| <input type="checkbox"/> | Video Making 錄像製作 ♦ | 8 | |

♦Students will be assessed during the first meeting, before he/she can be formally assigned to this activity.

If the activity is inappropriate for the student, he/she must then choose another class within the same activity group.

♦此項活動的導師將會於第一次活動時進行評核，如果導師認為此項活動並不適合報名參加的同學，這位同學就必須另行選擇同一組中的其他活動。



Kwong Kow Chinese School
中華廣教學校

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

SWIMMING PERMISSION FORM
(to be completed for all students in G2 and above)

Program: KKCS 2018 Summer program – Swimming

中華廣教學校 2018 年夏令營游泳班

Supervision: KKCS staff and YMCA life guards

監督：廣教員工及 YMCA 救生員

Location and Address: Wang YMCA of Chinatown, 8 Oak St. W, Boston, MA 02116

地點及地址：波士頓華埠王氏青年會

I give permission for my child to participate in the swimming activity described above.
我允准我的孩子參加上述的游泳活動。

Child's Name: _____
孩子姓名

Child's Date of Birth _____
孩子出生日期

Parent's/ Guardian's Name: _____
父母/監護人姓名

Phone Number: _____
電話

I authorize KKCS staff to secure necessary emergency medical treatment
我授權 KKCS 員工在必要情況下採取必要的醫療措施

(Parent/guardian Signature 父母/監護人簽名)

(Date 日期)