



**Kwong Kow Chinese School**  
**中華廣教學校**

**Address: 87 Tyler Street, Boston, MA 02111**  
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**2018-2019 Weekend Program Registration Form 週末班入學註冊表**

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

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

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 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:**

- |  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Language & Culture 中國語文及文化  | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Language & Culture- Beginning Cantonese 中國語文及文化 -粵語基礎班                    | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> SAT 中文+ AP 中文   | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Chinese Dulcimer (Yangqin) 揚琴   | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> Chinese Zither (Guzheng) 古箏   | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> Beginning Violin 小提琴初級班   | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> Dance 舞蹈  | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> Children's Art Studio 巧巧手兒童繪畫室 <u>Please Circle Class: 1 2</u>            | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Watercolor & Drawing 水彩及素描 <u>Please Circle Class: 1 2</u>                | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Lion Dance & Kung Fu 舞獅及功夫  |                                       | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Chinese Painting and Calligraphy 中國水墨畫及書畫 <u>Please Circle Class: 1 2</u> | <input type="checkbox"/> Saturday 星期六 | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> English/Math Enrichment 英數進階  | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> ACT/SAT Reasoning & Subject Test 大學入學試                                    | <input type="checkbox"/> Saturday 星期六 |                                     |
| <input type="checkbox"/> ISEE Supplement ISEE 補充課題   | <input type="checkbox"/> 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 # \_\_\_\_\_

中文課華埠居民優惠 Chinatown Resident Discount for Chinese Language & Culture: \$\_\_\_\_\_. (由華埠基金委員會資助, 需提供地址證明 Subsidized by Chinatown Trust Fund Committee, Proof of principle address is required)

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: \_\_\_\_\_

## 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連絡人(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.  
學生自行到校: 須 12 歲以上。
- 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.  
學生自行離校: 須 12 歲以上。
- 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: \_\_\_\_\_