



Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

## PARENT AGREEMENT

1. I understand that all tuition and fees are non-refundable unless there is an unexpected *and* unavoidable circumstance.  
本人理解已繳學費一律不得退回，除非有突發又無可避免的特殊情況。
2. I give permission for my child to participate in the scheduled activities and off-site trips conducted by KKCS. I understand and agree to abide by all KKCS policies and regulations.  
本人同意我的孩子參與廣教學校暑期班的編排課程及戶外活動。我理解與同意遵守學校制訂的規章。
3. In case of emergency, I give permission for KKCS qualified staff 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，本人允許學校有資格的員工替我的孩子作急救，或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。
4. I hereby release and discharge the Kwong Kow Chinese School and its officers, employees, agents, and volunteers from any claims for accidents occur at the school premise or other locations during the program.  
若發生意外事故，本人不歸咎廣教學校，校方員工不須負任何法律責任。
5. I agree to assume full responsibility for any damage caused by my child to the school or public property.  
若我的孩子毀壞學校的物產或公物，本人願意負責賠償。
6. I agree and authorize the informational use of pictures, images and likeness of my child by KKCS in connection with KKCS publications, KKCS website and media outreach to the general public.  
我同意並授權廣教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。

\_\_\_\_\_  
Parent/Guardian Signature 家長/監護人簽名

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Parent/ Guardian Name 家長/監護人姓名

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

## 2019 SUMMER PROGRAM ACITIVITY CHOICES 暑期班選修活動

### For K – G2 幼稚園至二年級:

All activities including music, dance movement, arts and crafts, and other group projects are pre-arranged by the school through various theme settings to ensure the children a wonderful summer experience.

學校為幼稚園至二年級的同學早已安排一連串不同主題的活動，包括音樂、舞蹈動作、手工藝以及群體遊戲等，務求孩子們有一個愉快的暑期經歷。

### For G3 and up 三年級或以上:

Please enter 1 or 2 in the box next to the activity you wish to take, to indicate your preference within each activity group. 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.

三年級或以上的同學必須在每組活動中參加一項。請根據你的志願，在每組活動的空格上填上 1 或 2。我們會按報名先後安排每位同學的分組活動。參加全期的同學有優先。

### Group 1 – Performing Arts 表演藝術組

- Yangqin (Chinese Dulcimer) 揚琴
- Drums & Percussions 鼓樂及敲擊樂
- Beginning Violin 小提琴入門
- Dance 舞蹈

### Group 2 – Fine Arts 美術組

- Sketching & Drawing 素描與繪畫
- Chinese Painting & Calligraphy 中國水墨畫及書法
- Arts & Crafts 手工藝

### Group 3 – Physical Activities 體健組

- Table Tennis 乒乓球◇
- Kung Fu / Lion Dance 功夫/舞獅◇
- Swimming 游泳◇

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

- Chess & Chinese Chess 國際象棋及中國象棋
- Strategy Games 思考遊戲
- Multimedia Educational Games 多媒體思考遊戲
- Video Making 錄像製作◇

◇ Students will be assessed during the first meeting, before he/she can be formally assigned to this activity. If the activity is inappropriate for a 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其他的活動。

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

**SWIMMING PERMISSION FORM 游泳准許書**

KKCS 2019 Summer Program – Swimming Class  
中華廣教學校 2019 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.  
本人准許我的孩子參加上述的游泳活動。

I authorize KKCS staff to secure necessary emergency medical treatment to my child.  
本人授權廣教員工在必要情況下對我的孩子採取緊急的醫療措施。

\_\_\_\_\_  
Parent/Guardian Signature 家長/監護人簽名

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Parent/ Guardian Name 家長/監護人姓名

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

**STUDENT TRANSPORTATION PLAN AND AUTHORIZATION 學生接送計劃與授權書**

Program Name: Kwong Kow Chinese School 中華廣教學校

Address: 87 Tyler Street, Boston, MA 02111

My child will arrive at the program by means of 我的子女到廣教學校方式:

\_\_\_ parent drop-off 由家長送到校

\_\_\_ unsupervised walk (must be age 12 or older) 學生自行到校(須12歲或以上)  
(Please complete and sign the Parent Consent Form 請家長填寫及簽署同意書)

\_\_\_ other means 其他方法 (Please describe 請說明: \_\_\_\_\_)

My child will depart from the program by means of 我的子女離開廣教學校方式:

\_\_\_ 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)  
(Please complete and sign the Parent Consent Form 請家長填寫及簽署同意書)

\_\_\_ pick-up by authorized person listed below 由下列授權人士接放學

I give 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).

本人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 student'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/Guardian Signature 家長/監護人簽名

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Parent/ Guardian Name 家長/監護人姓名

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

**CONSENT FOR CHILD TO ARRIVE / LEAVE THE PROGRAM 學生自行到校或離校同意書**  
(MUST BE AGE 12 OF OLDER 學生年齡要滿十二歲)

Program Name: Kwong Kow Chinese School 中華廣教學校

Address: 87 Tyler Street, Boston, MA 02111

---

I authorize my child to 本人允許我的子女

arrive the program by himself/herself 自行到校

leave the program by himself/herself 自行離校

This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_  
批准有效期

Arrive Time 9 a.m. 到校時間上午九時

Early Arrive Time 8:00 a.m. – 8:45 a.m. 提早到校時間上午八時至八時四十五分

Dismal Time 5:30 p.m. 離校時間下午五時半

Late Dismal Time 5:30 p.m. – 6:15 p.m. 延遲離校時間下午五時半至六時十五分

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

本人明白學校有權因為我的子女行為不當而解除其自行特權。

I recognize that my child will not be supervised by school staff while he/she is arriving at the program and/or leaving from the program.

本人清楚學校員工不會監管我的子女到校或離校當中情況。

I understand I am responsible for my child while he/she is not in the program.

本人明白我須要對我的子女在校外的一切負責。

---

Parent/Guardian Signature 家長/監護人簽名

---

Date 日期

---

Parent/ Guardian Name 家長/監護人姓名

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

Parent's Name 家長/監護人姓名 1: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

Parent's Name 家長/監護人姓名 2: \_\_\_\_\_ Phone 電話: \_\_\_\_\_

### 急救和緊急醫療同意書

I authorize staff members 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 transport my child to the nearest medical care facility and 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。本人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。

Child's Physician Name 孩子的醫生姓名: \_\_\_\_\_

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

Health Insurance Plan and Number 健康保險計劃名稱與號碼: \_\_\_\_\_

Child's Known Allergies 孩子對這些有過敏反應: \_\_\_\_\_

Child's Chronic Health Conditions 孩子有慢性病症: \_\_\_\_\_

If the child has allergies or chronic health conditions, please complete and sign "Individual Health Care Form". 若孩子有過敏史或慢性病症，請填寫及簽署「個人健康護理計劃書」。

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

If yes, please complete and sign "Medication Consent Form". 若需要服藥，請填寫及簽署「藥物服用同意書」。

### 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 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: \_\_\_\_\_

I give permission for my child to be released to the above authorized individuals. 本人允許上述緊急聯絡人為我接我的子女。

Parent/Guardian Signature 家長/監護人簽名

Date 日期

Parent/ Guardian Name 家長/監護人姓名

Student's Name 學生姓名: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_ Grade 班級: \_\_\_\_\_

**AFFIDAVIT FOR CURRENT MEDICAL RECORDS 現時健康記錄證明書**

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.

本人證明我的孩子已接受所有必需的免疫注射、鉛篩驗、與體格檢查。這等現時健康記錄可以從孩子的學校與及孩子的醫生處取得。

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

孩子的日間學校

Child's Physician Name 孩子的醫生姓名: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Phone 電話: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature 家長/監護人簽名

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Parent/ Guardian Name 家長/監護人姓名

\_\_\_\_\_  
Phone 電話