



Kwong Kow Chinese School
中華廣教學校

Address: 87 Tyler Street, Boston MA 02111
 Phone: (617) 426-6716
 Email: kwongkow@gmail.com
 Website: www.kwongkowschool.org

2019-2020 Afterschool Program Registration Form 課餘班入學註冊表

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|---|--|
| New Student 新生 <input type="checkbox"/> KKCS Continuing Student 廣教舊生 <input type="checkbox"/> | Student ID# _____ (Office Use Only) Date of Admission: _____ (學校填寫) |
|---|--|

Student Information

Student Name 學生姓名: (English) _____ (中文) _____
 Date of Birth 出生日期: _____ Age 年齡: _____ Gender 性別: _____
 Address 地址: _____
 Name of Day School 日間學校名稱: _____ Grade in Day School 日間學校年級: _____

Parent/Guardian Information

Parent/Guardian Name 1 家長/監護人姓名 : (English) _____ (中文) _____
 Relationship to Child 關係: _____
 Address 地址: _____ Email 電郵: _____
 Home Phone 家中電話: _____ Mobile Phone 手機: _____

Parent/Guardian Name 2 家長/監護人姓名 : (English) _____ (中文) _____
 Relationship to Child 關係: _____
 Address 地址: _____ Email 電郵: _____
 Home Phone 家中電話: _____ Mobile Phone 手機: _____

(For Office Use Only 以下由學校填寫)

Registration Receipt # _____

| | | |
|--|-----------------------------------|---|
| Regular Tuition 學費 \$ _____ | Registration Fee 註冊費 \$ _____ | EEC Voucher Payment 州府托兒補助券收費 \$ _____ |
| Sibling Discount 兄弟姐妹優惠 \$ _____ | CTF Financial Aid 助學金 \$ _____ | Net Payment 總共收費 \$ _____ |
| Cash 現款 _____ Check No. 支票號碼: _____ Credit Card Trans No. 信用卡交易號碼: _____ | | |
| Registration Form checked by: _____ Date: _____ | | Payment received by: _____ Date: _____ |

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

急救和緊急醫療同意書

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

| | |
|--|-----------------|
| Parent/Guardian Name 家長/監護人姓名 1: _____ | Phone 電話: _____ |
| Parent/Guardian Name 家長/監護人姓名 2: _____ | Phone 電話: _____ |

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 孩子有這些慢性病症: _____

If the child has any allergies or chronic health conditions, an "Individual Health Care Form" must be completed and signed by the child's doctor and parent.

若孩子有過敏或慢性病症，必須由家長及孩子的醫生填寫及簽署「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 Permission 家長/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.

作為家長及監護人，本人同意我的孩子參與廣教學校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。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。

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。

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。

Tuition is 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。

Parent/Guardian Signature 家長/監護人簽名: _____ Date 日期: _____

Health Records 健康記錄

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public school health requirements are on file at my child's school.

我的孩子根據公立學校的健康要求進行了體檢，免疫接種，並根據公立學校的健康要求進行鉛毒篩查。我在此保證這些文件都記錄存檔在我孩子的學校裡。

Parent/Guardian Signature 家長/監護人簽名: _____ Date 日期: _____

Off-Site Activities Permission 校外活動許可

I hereby give permission for my child to participate in the afterschool program off-site activities conducted by Kwong Kow Chinese School at the following locations.

本人在此同意我的孩子參與中華廣教學校課餘班在下列地點進行的戶外課程及活動。

- Elliot Norton Park – Tremont/Charles St, Boston, MA 02116
- Tai Tung Park – 110 Tyler St, Boston, MA 02111
- Jaharis Courtyard – 174 Harrison Ave, Boston, MA 02111
- Josiah Quincy Upper School – 152 Arlington St, Boston, MA 02116

Parent/Guardian Signature 家長/監護人簽名: _____ Date 日期: _____

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
- supervised walk from their school 學校員工陪同學生從公立學校步行到校
- 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) 學生自行到校(須12歲或以上)
- 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: _____