



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 Weekend Program Registration Form 週末班入學註冊表

| | |
|---|-------------------------------------|
| 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) |
| | CLC enrollment level: _____ |

Student Name 學生姓名: (English) _____ (中文) _____
Date of Birth 出生日期: _____ Age 年齡: _____ Gender 性別: _____
Name of Day School 日間學校名稱: _____ Grade in Day School 日間學校年級: _____
Parent/Guardian Name 家長/監護人姓名: (English) _____ (中文) _____
Address 地址: _____ Email 電郵: _____
Home Phone 家中電話: _____ Mobile Phone 手機: _____

Please check your class selections below 請選擇以下課程:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Chinese 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"/> Beginning Cantonese 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"/> English/Math Enrichment 英數進階 | <input type="checkbox"/> Saturday 星期六 | |
| <input type="checkbox"/> Chinese Dulcimer (Yangqin) 揚琴 | <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"/> Lion Dance & Kung Fu 舞獅及功夫 | | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Children's Art Studio 1 巧巧手兒童繪畫室初級班 | <input type="checkbox"/> Saturday 星期六 | |
| <input type="checkbox"/> Children's Art Studio 2 巧巧手兒童繪畫室中級班 | <input type="checkbox"/> Saturday 星期六 | |
| <input type="checkbox"/> Sketching & Drawing 1 素描及繪畫初級班 | | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Sketching & Drawing 2 素描及繪畫中級班 | | <input type="checkbox"/> Sunday 星期天 |
| <input type="checkbox"/> Chinese Painting & Calligraphy 水墨畫及書法班 | <input type="checkbox"/> Saturday 星期六 | |

| | | | |
|---|-----------------------------------|--|--|
| (For Office Use Only 以下由學校填寫) | | Registration Receipt # _____ | |
| Regular Tuition 學費 \$ _____ | Registration Fee 註冊費 \$ _____ | | |
| 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)

- Name 姓名: _____ Relationship 關係: _____
Address 地址: _____ Phone 電話: _____
- Name 姓名: _____ Relationship 關係: _____
Address 地址: _____ Phone 電話: _____
- 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週末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。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: _____

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)

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。

- Name 姓名: _____ Relationship 關係: _____
Address 地址: _____ Phone 電話: _____
- Name 姓名: _____ Relationship 關係: _____
Address 地址: _____ Phone 電話: _____
- 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: _____