



## 2024 Summer Program Registration Form 學年課程註冊表

OFFICE USE ONLY 學校填寫	<input type="checkbox"/> New Student 新生 <input type="checkbox"/> KKCS Returning Student 廣教舊生	KKCS ID #: _____
	<input type="checkbox"/> AF 課餘班 <input type="checkbox"/> WK 週末班 <input type="checkbox"/> SUM 暑期班	EEC Admission Date: _____
	<input type="checkbox"/> Full Year 全年 <input type="checkbox"/> Semester 1 學期 <input type="checkbox"/> Semester 2 學期	<input type="checkbox"/> EEC Voucher <input type="checkbox"/> Private Pay

MUST SELECT 3 OR MORE 最少需報名三週	<b>Week 1</b> 7/1 – 7/5	<b>Week 2</b> 7/8 – 7/12	<b>Week 3</b> 7/15 – 7/19	<b>Week 4</b> 7/22 – 7/26	<b>Week 5</b> 7/29 – 8/2	<b>Week 6</b> 8/5 – 8/9	<b>Week 7</b> 8/12 – 8/16	<b>Week 8</b> 8/19 – 8/23	
	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Full Day <input type="checkbox"/> AM <input type="checkbox"/> PM

Student Information 學生資料

Student's 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 2024 – 25 日間學校年級: \_\_\_\_\_

Student Dietary Restrictions 學生飲食限制:  N/A \_\_\_\_\_Student Primary Language(s) 學生主要語言:  English 英語  Mandarin 普通話  Cantonese 廣東話  
 Other 其他: \_\_\_\_\_Parent/Guardian Information 家長/監護人資料

Parent/Guardian's Name 家長姓名: (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Email 電郵: \_\_\_\_\_ WeChat 微信 ID: \_\_\_\_\_

**Email and WeChat are our main channels of communication. It is your responsibility to check for emails and/or messages from KKCS.****Email 和微信為學校信息主要溝通管道，我們強烈建議您關注 email 和微信群，以免錯過重要資訊。**

Mobile Phone 手機: \_\_\_\_\_ Work Phone 工作電話: \_\_\_\_\_

Address 地址:  Same as Student 與學生相同 \_\_\_\_\_Work Address 工作地址:  N/A \_\_\_\_\_Parent/Guardian Contact Language(s) 家長/監護人聯繫語言:  English 英語  Mandarin 普通話  Cantonese 廣東話  
 Other 其他: \_\_\_\_\_

Gross Annual Family Income 家庭全年總收入: \$ \_\_\_\_\_ Size of Family 家庭人數: \_\_\_\_\_

**OR:**  Prefer not to answer 不願透露*Please indicate your household income range. This information will NOT alter your child's enrollment eligibility.**This information will be used for financial aid and anonymous demographics data only.*

請填寫您家庭的收入範圍。這信息不會影響您孩子的入學資格或獲得助學金援助。這些數據僅用於匿名的人口統計資料。

<b>For Office Use Only 以下由學校填寫</b>		Registration Receipt #	
Regular Tuition 學費 \$	Voucher Payment 州府托兒補助券收費 \$	Referral 推薦獎勵 \$	Financial Aid 助學金 \$
Net Payment 總共收費 \$	<input type="checkbox"/> Cash 現款 <input type="checkbox"/> Check No. 支票號碼: _____ <input type="checkbox"/> Online Payment Trans No. 信用卡交易號碼    via <input type="checkbox"/> Venmo <input type="checkbox"/> PayPal <input type="checkbox"/> Square		
Registration Form checked by:	Date:	Payment received by:	Date:

### 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 on site activities conducted by Kwong Kow Chinese School. I understand and agree to abide by all Kwong Kow Chinese School 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. I agree to assume full responsibility for any damage caused by my child to the school or public property.

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。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。若我的孩子毀壞學校的設施或公物，本人願意負責賠償。

#### **A. Chronic Illnesses, Food Allergies, Dietary Restrictions 慢性疾病，飲食限制，食物過敏:**

Parent/guardian shall be responsible for notifying the school, in writing, regarding any chronic illnesses, food allergies, or other dietary restriction of their child. If the child has allergies or chronic health conditions, please complete & sign "[Individual Health Care Form](#)". If medication is required, please complete and sign "[Medication Consent Form](#)".

父母/監護人需以書面形式通知學校孩子的任何食物過敏或其他飲食限制。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](#)」。若需要服藥，請填寫及簽署「[藥物服用同意書](#)」。

#### **B. Required Safety Forms, Medical Info, & Individualized Education Plans (IEP) 安全醫療表格及報名表:**

All requested documents are due one the start day of the program, or your child will not be able to attend the program. 所有表格皆須於第一堂課開始前繳齊，否則不得開始課程。

#### **C. Photo/Media Release 肖像許可:**

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。

#### **D. Late Pick Up Policy 遲接政策:**

If your child is not picked up within the 15 mins of class dismissal (Weekend) or before the closing time of our school (Afterschool and Summer), you will be charged a late fee of \$1 per minute (Please note: This fee does not apply for families paying through the state voucher program). Late fees will incur regardless of inclement weather, traffic delays, or other situations that may arise. If late, you will receive a Late Pick-Up Summary Sheet indicating date and time of late pick up, amount of money owed, and if this is your first, second or third tardy. Repetitive lateness may result in the withdrawal of your child from our school. All outstanding late pickup fees must be paid in full by the end of the month.

若您未在週末班下課後十五分鐘內將您的孩子接走，或您未在課餘班結束後，學校關門前將您的孩子接走，廣教將會收取遲接費（不適用於教育券學生）。遲接費為每分鐘一元，每月月底需結清。一但遲接費用產生，您將會收到遲接費用收據。至多三次遲接，學校將會視情況給予停學處分。

#### **E. Suspension or Termination 停學/退學政策:**

Students may receive up to three strikes (depending on severity) of challenging and/or dangerous behavior before a suspension or termination is issued. Students who are suspended or expelled from KKCS program will not be eligible for any refund nor defer for credit.

學生應遵守學校規定並尊重同學與師長。遭受停學/退學處分前，學校將會予以最多三次警告。若情況嚴重，學校亦有可能直接給予停學/退學處分。若遭受停學或退學處分，學費與其他費用恕不退款、轉讓或延期使用。

#### **F. Tuition & Refund Policy 退款政策:**

Tuition and Material/Book Fees are non-refundable unless approved by the head of school. This will be a case-by-case decision. One approved refund case will not automatically apply to other cases. Kwong Kow Chinese School has the authority to make the final decision. If a refund is approved, a \$50 admin fee will incur. A \$35 fee will incur to reissue checks lost by the parent. We may waive this fee for checks lost in the mail at our own discretion. We will also charge a \$35 fee for bounced checks or other similar situations.

所有費用在課程開始後皆不退還。若為特殊情況，學校保有權利視個案調整政策。若核准退費，家長需支付\$50手續費。廣教學校擁有最終決定權。若因非廣教工作人員因素遺失支票/款項，或類似原因而需補發，廣教將會收取\$35重新補發費。廣教亦會收取\$35若您提供的支票被退票或是有其他類似的情況。

#### **G. Payment Due Dates 付款截止日:**

Tuition and fee are due before the student's start day at our program. Tuition must be handed to the front desk administrator. Tuition payments are never to be given directly to classroom teachers or left in your child's backpack. Late payments will lead to reminders and/or warnings and eventual student suspension until payment is completed.

- Afterschool and Summer Program: Please complete the payment within 5 days after receiving the payment notice/invoice.
- Weekend Programs: Please complete the payment within 7 days after receiving the payment notice/invoice.

所有費用都需要在課堂開始前結清，若未結清將不得開始課程。費用請直接交給前台的工作人員，請勿交給課室老師或放在孩子的書包內。若遲交，您將會收到提醒，若收到兩個提醒後仍未繳交費用，學校將會給予停學處分，直至款項結清。

- 課餘班及暑期班：請於收到付款通知/收據後的五個工作日內結清所有費用。
- 週末班：請於收到付款通知/收據後的七日內（包括週末）結清所有費用。



KKCS Parent Handbook  
中華廣教學校家長手冊



KKCS Calendar  
中華廣教學校校曆



Add KKCS on WeChat  
WeChat ID kkes6174266716

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. I give consent to my children to use hand sanitizer outdoor with the supervision under school staffs.

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。本人同意我的孩子在學校工作人員的監督下在戶外使用洗手液。

Walking to parks and playgrounds below 下列公園和遊樂場進行活動

Elliot Norton Park:  
Tremont/Charles St,  
Boston, MA 02116

Hudson Street Stoop:  
66 Hudson St,  
Boston, MA 02111

Peters Park:  
230 Shawmut Ave,  
Boston, MA 02118

Jaharis Courtyard:  
174 Harrison Ave,  
Boston, MA 02111

Boston Common Field:  
139 Tremont St,  
Boston, MA 02108

## Health Records 健康記錄

I certify that documentation of physical examination, immunizations, 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。

## Individualized Education Plan 個別化教育計畫 (IEP)

If your child has an Individualized Education Plan (IEP), you must share a copy with Kwong Kow Chinese School prior to enrollment. The IEP will be reviewed by the head of school, front desk administrator, and lead teacher to evaluate whether or not our programs are capable of reasonably accommodating your child. The school will consider the nature of the accommodations needed and the resources currently available to us (including staff-to-student ratios) in this decision. If the school decides that reasonable accommodations are possible, we will designate a staff member to act as the liaison in charge of coordinating care for your child. If reasonable accommodations are not possible, we will notify you by writing and your child will not be admitted.

若您的孩子有個別化教育計畫 (IEP)，請您務必要在報名時就讓廣教的工作人員知道，並且主動提出相關文件。學校將會讓相關人員（校長、班主任和行政人員）了解孩子的個別狀況，並且做出評估以及相應的安排。若經學校評估，判斷現階段可以做出合適的安排，學校將會指定一位工作人員作為您孩子的溝通窗口。若經學校評估，判斷現階段無法做出合適的安排，我們也會讓您知道。

<input type="checkbox"/>	My child has an Individualized Education Plan (IEP) 我的孩子有個別化教育計畫(IEP)
<input type="checkbox"/>	My child does <b>NOT</b> have an Individualized Education Plan (IEP) 我的孩子沒有個別化教育計畫(IEP)

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

Kwong Kow Chinese School 中華廣教學校 — 87 Tyler Street, Boston, MA 02111

<input type="checkbox"/>	<b>Afterschool &amp; JQS ONLY: Pick up &amp; walk with staff 僅限課餘班昆士小學與中學學生：接走 &amp; 與廣教老師同行</b>
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<input type="checkbox"/>	<b>Pick up/drop off by parent/guardian 由家長 / 監護人接送</b>
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<input type="checkbox"/>	<b>Pick up/drop off by authorized person listed below 由下列授權人士接放學</b>
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I give permission to the following people to pick up/drop off my child at the start/end of the day. These people may be asked to show proof of identification (gov't issued picture ID). 本人允許下列人士為我接送我的子女。這些人可能被要求出示身份證明。

Name 姓名 1: \_\_\_\_\_ Phone 電話: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

Name 姓名 2: \_\_\_\_\_ Phone 電話: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_

<input type="checkbox"/>	<b>Unsupervised walking (AGE 12 OR OLDER) 學生自行到校/離校 (學生年齡要滿十二歲)</b>
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Walk to program alone 自行到校     Walk home from program alone 自行離校

Daily 每天     Mondays 週一     Tuesdays 週二     Wednesdays 週三     Thursdays 週四     Fridays 週五

Duration of Program 課程日期: 07/01/24 – 08/23/24 or 或  Other 自行填寫: \_\_\_\_ / \_\_\_\_ / 24 – \_\_\_\_ / \_\_\_\_ / 24

Student will arrive by  9:00AM 學生於四點半之前抵達 or 或  Other 或請寫上其他時間: \_\_\_\_\_

Student will depart at  5:00PM 學生於六點四十後離開 or 或  Other 或請寫上其他時間: \_\_\_\_\_

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation. I recognize that my child will not be supervised by school staff while they are arriving at the program and/or leaving from the program. I understand I am responsible for my child while they are not in the program.

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。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。本人明白我必須要對我的子女在校外的一切負責。

<input type="checkbox"/>	<b>Other means, comments, or restrictions 其他的接送方法、備注或限制 (Please describe 請說明):</b>
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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM 急救和緊急醫療同意書

Student Information 學生資料

First Name 名字: \_\_\_\_\_ Last Name 姓氏: \_\_\_\_\_  
Date of Birth 出生日期: \_\_\_\_\_ Gender 性別: \_\_\_\_\_ Grade SY24-25 班級: \_\_\_\_\_  
Full Address 地址: \_\_\_\_\_

Parent/Guardian Information 家長/監護人資料

Name 姓名 1: \_\_\_\_\_ Relationship 關係:  Mother 母親  Father 父親  Guardian 監護人  
Phone 電話: \_\_\_\_\_ Email 電郵: \_\_\_\_\_  
Full Address 地址:  Same as Student 與學生相同 \_\_\_\_\_  
Name 姓名 2: \_\_\_\_\_ Relationship 關係:  Mother 母親  Father 父親  Guardian 監護人  
Phone 電話: \_\_\_\_\_ Email 電郵: \_\_\_\_\_  
Full Address 地址:  Same as Student 與學生相同 \_\_\_\_\_

Medical Information 醫療信息

Physician's Name 孩子的醫生姓名: \_\_\_\_\_  
 Tufts Medical Center 塔夫茨醫療中心: 800 Washington St., Boston, MA 02111 — (617) 636-1337  
 South Cove Community Health Center 華人醫務中心: 885 Washington St., Boston, MA 02111 — (617) 482-7555  
 Other Address 其他醫院地址: \_\_\_\_\_ Phone 電話: \_\_\_\_\_  
Health Insurance Plan and Number 健康保險計劃名稱與號碼: \_\_\_\_\_  
Child's Known Food Allergies or Chronic Illnesses 孩子對這些有過敏反應/有慢性病:  N/A

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

If the child has a food allergy or chronic illness, you **must** complete and sign "**Individual Health Care Form**" **prior to enrollment**.  
If medication is required, you **must** complete and sign "**Medication Consent Form**" and the provide emergency medication **prior to enrollment**.  
若孩子有過敏史或慢性病, 請填寫及簽署「**個人健康護理計劃書**」。若需要服藥, 請填寫及簽署「**藥物服用同意書**」。

Emergency Contacts Other Than Parents/Guardians 父母或監護人以外的緊急聯絡人

Name 姓名 1: \_\_\_\_\_ Phone 電話: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_  
Full Address 地址:  Same as Student 與學生相同 \_\_\_\_\_  
Name 姓名 2: \_\_\_\_\_ Phone 電話: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_  
Full Address 地址:  Same as Student 與學生相同 \_\_\_\_\_

I authorize KKCS staff to apply topical, non-prescription medications to my child (e.g. sunscreen). I give permission for my child to be released to the above authorized individuals. 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.  
我同意授權廣教學校的教職人員協助我的孩子使用非處方藥品(如: 防曬霜) 本人允許上述緊急聯絡人為我接送我的子女。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。

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