



**2021 – 2022 Summer Program Registration Form 暑期班註冊表**

<b>Office Use Only</b> <b>學校填寫</b>	<input type="checkbox"/> New Student 新生 <input type="checkbox"/> KKCS Returning Student 廣教舊生 <input type="checkbox"/> Full Program 全期八星期 <input type="checkbox"/> Partial Program 部分課程	KKCS ID#: _____ Date of Admission: _____
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**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 2021 - 22 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) \_\_\_\_\_

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 \_\_\_\_\_

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

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: \_\_\_\_\_

<b>Program Weeks 課程日期</b>	<input type="checkbox"/> Full Program 全期八星期: July 5 <sup>th</sup> — August 26 <sup>th</sup> (8 weeks) 7月5日至8月26日							
Check all that apply (at least 3 weeks) 請勾選以下項目 (最少報名三週)	Jul 5 – 8 Week 1	Jul 11 – 15 Week 2	Jul 18 – 22 Week 3	Jul 25 – 29 Week 4	Aug 1 – 5 Week 5	Aug 8 – 12 Week 6	Aug 15 – 19 Week 7	Aug 22 – 26 Week 8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**New Student Only 僅限新生:** If you have a referral, please fill out this section. 如果您有推薦人, 請在此處填寫。

Referral's Name 推薦人姓名: \_\_\_\_\_ Phone Number 電話: \_\_\_\_\_

Referral's Child Name 推薦人學生姓名: \_\_\_\_\_

For Office Use Only 以下由學校填寫		Registration Receipt #
Regular Tuition 學費 \$	EEC Voucher Payment 州府托兒補助券收費 \$	Referral Incentive 推薦獎勵 \$
Net Payment 總共收費 \$	<input type="checkbox"/> Cash 現款 <input type="checkbox"/> Check No. 支票號碼: _____ <input type="checkbox"/> Credit Card Trans No. 信用卡交易號碼: _____	
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.

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。

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設施或公物，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. Kwong Kow Chinese School has the authority to make the final decision.

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。中華廣教學校擁有最終決定權。

KKCS Parent Handbook 中華廣教學校家長手冊: <https://www.kwongkowschool.org/handbook>

KKCS WeChat ID: kkes6174266716



Handbook



WeChat

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. 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。

Yes 是  No 是

Walking around the school and neighborhood 在學校附近活動

Yes 是  No 是

Activity in the park and playground below 下列公園和遊樂場進行活動

- 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
- Hudson Street Stoop: 66 Hudson St, Boston, MA 02111
- Boston Common Field: 139 Tremont St, Boston, MA 02108
- Peters Park: 230 Shawmut Ave, Boston, MA 02118

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)

(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 drop off/pick up my child at the beginning/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: \_\_\_\_\_

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: \_\_\_\_\_

**CONSENT FOR CHILD TO ARRIVE / LEAVE THE PROGRAM**

**學生自行到校或離校同意書**

**Sign only if you selected to let student (unsupervised walk to arrive/depart) from the program**

**僅在您選擇讓(學生自行到校/離校)時簽名**

**(MUST BE AGE 12 OR OLDER 學生年齡要滿十二歲)**

I authorize my child to 本人允許我的子女:

Walk to the program alone 自行到校

Walk home from the program alone 自行離校

This permission is in effect 批准有效期:

from 同意開始日期: \_\_\_\_\_ to 同意結束日期: \_\_\_\_\_

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.  
本人明白我必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: \_\_\_\_\_

**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 班級: _____
Address 地址: _____		
Parent/Guardian Information 家長/監護人資料		
Name 姓名 1: _____	Relationship 關係: <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Father 父親 <input type="checkbox"/> Guardian 監護人	
Phone 電話: _____	Email 電郵: _____	
Address 地址: <input type="checkbox"/> Same as Student 與學生相同 _____		
Name 姓名 2: _____	Relationship 關係: <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Father 父親 <input type="checkbox"/> Guardian 監護人	
Phone 電話: _____	Email 電郵: _____	
Address 地址: <input type="checkbox"/> Same as Student 與學生相同 _____		
Medical Information 醫療信息		
Child's Physician Name 孩子的醫生姓名: _____		
<input type="checkbox"/> Tufts Medical Center 塔夫茨醫療中心: 800 Washington St., Boston, MA 02111 — (617) 636-1337		
<input type="checkbox"/> South Cove Community Health Center 華人醫務中心: 885 Washington St., Boston, MA 02111 — (617) 482-7555		
<input type="checkbox"/> 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 Allergies or Chronic Illnesses 孩子對這些有過敏反應/有慢性病症: <input type="checkbox"/> N/A		
Is medication required 孩子是否需要服藥? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If yes, please complete and sign " <b>Medication Consent Form</b> ". 若需要服藥, 請填寫及簽署「 <b>藥物服用同意書</b> 」。		
If the child has allergies or chronic health conditions, please complete and sign " <b>Individual Health Care Form</b> ".		
若孩子有過敏史或慢性病症, 請填寫及簽署「 <b>個人健康護理計劃書</b> 」。		
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: _____
Address 地址: <input type="checkbox"/> Same as Student 與學生相同 _____		
Name 姓名 2: _____	Phone 電話: _____	Relationship 關係: _____
Address 地址: <input type="checkbox"/> Same as Student 與學生相同 _____		

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送我的子女。  
 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。

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