



2020 Summer Program Registration Form 暑期班註冊表

New Student 新生 <input type="checkbox"/> KKCS Returning Student 廣教舊生 <input type="checkbox"/>	KKCS ID# _____ (Office Use Only) Date of Admission: _____ (學校填寫)
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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 2020 - 21 日間學校年級: _____

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

Email 電郵: _____

Home Phone 家中電話: _____ Mobile Phone 手機: _____

<input type="checkbox"/> FULL PROGRAM: July 6 – August 21 全期七星期: 七月六日至八月二十一日

Full Day 全日	Jul 6 – 10	Jul 13 – 17	Jul 20 – 24	Jul 27 – 31	Aug 3 – 7	Aug 10 – 14	Aug 17 – 21
	Wk#1	Wk#2	Wk#3	Wk#4	Wk#5	Wk#6	Wk#7
Morning Academic Session Only 僅上午課堂時間	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summer Program regulation requires an **Immunization Record** and documentation of a recent **Physical** (dated within 18 months), please submit to Kwong Kow Chinese School as soon as possible.
 暑期班規定需要一份**免疫記錄**和最近的**身體檢查報告**(18個月內), 請盡快地提交給中華廣教學校。

(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 \$ _____	
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: _____
<input type="checkbox"/> Immunization Record 免疫記錄		<input type="checkbox"/> Physical Documentation 身體檢查報告

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。

In case of emergency, I give permission for Kwong Kow Chinese School 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。

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. 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。

*Due to the Covid 19 pandemic, there are new health & safety protocols at Kwong Kow Chinese School. I understand that parent/guardian and student will have to follow and cooperate.

由於新冠狀肺炎病毒 Covid 19 的疫情，廣教學校製定了新的健康安全守則，我了解家長/監護人和學生必須跟隨並合作。

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

Off-Site Activities Permission 校外活動許可

Under the newest guideline from Massachusetts Department of Early Education and Care, summer program is allowed to bring students to the public parks and playgrounds under the permission from parents/guardians. Our program is also considering it and working on a safety plan to ensure students can still have some outdoor activity time. It is optional for parents/guardians to decide if they allow us to bring them outside for the walk/activity in park. Please check all that apply below:

根據麻州早期教育護理局的最新指引，允許暑期班在父母/監護人的允許下將學生帶到公園和遊樂場。我們也在考慮當中，並正在制定安全計劃，以確保學生仍然可以有一些戶外活動時間。家長/監護人可以選擇是否允許我們將他們帶到外面去散步/參加公園活動。請選擇以下所有適用內容：

I hereby give permission for my child to participate in the summer 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暑期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 around the school and neighborhood 在學校附近散步
- 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
 - Josiah Quincy Upper School – 152 Arlington St, Boston, MA 02116

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

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: _____

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

(MUST BE AGE 12 OR 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

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

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

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

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

急救和緊急醫療同意書

Student Information 學生資料

Last Name 姓氏: _____ First Name 名字: _____
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: _____
Address 地址: Same as Student 與學生相同 _____
Phone 電話: _____ Email 電郵: _____
Name 姓名 2: _____ Relationship 關係: _____
Address 地址: Same as Student 與學生相同 _____
Phone 電話: _____ Email 電郵: _____

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: _____ Phone 電話: _____
2. Name 姓名: _____ Relationship 關係: _____ 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