

2017~2018 Little Dragon @ Beebe Registration Form

Beebe 小龍人課後班註冊表

I. Student Information 學生資料

Last Name/姓: _____ First Name/名: _____ Chinese Name/中文名: _____

Date of Birth (生日) : _____ / _____ / _____ Age at Admission/入學年齡: _____ Sex/性別: _____

Height/身高: _____ Weight/體重: _____ Date of Admission/入學日期: _____

Current School/當前學校: _____ Homeroom Teacher/班主老師: _____ Class Rm# _____

School Address/學校地址: _____ School Tel/聯絡電話: _____

Grade/年級: _____ Primary Language/母語: _____ Identifying Marks/識別標誌: _____

Eye Color/眼睛顏色: _____ Hair Color/頭髮顏色: _____ Skin Color/膚色: _____

Child's Home Address/學生家庭住址: _____ Home Phone/家庭電話: _____

II. Parent/Guardian Information 家長/監護人信息

(1) Name/姓名: _____ Relationship to student(s)/與孩子關係: _____

Home Phone/宅電: () _____ E-mail/電郵: _____

Home Address/家庭住址: _____ Cell Phone 手机: () _____

WeChat/微信: _____ Occupation/職業: _____

Business Name/公司名稱 _____ Work Phone/工作電話: _____

Business Address/工作地址: _____

(2) Name/姓名: _____ Relationship to student(s)/與孩子關係: _____

Home Phone/宅電: () _____ E-mail/電郵: _____

Home Address/家庭住址: _____ Cell Phone 手机: () _____

Business Name/公司名稱 _____ Work Tel /工作電話: _____

Business Address/工作地址: _____

III. Emergency Contact Information 緊急聯絡人

The first attempt will be made to contact the student's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency. 緊急情況時我們會最先聯繫孩子的家長或監護人。在緊急情況時，請務必確保以下聯繫人可以隨時將您的孩子接走。

Emergency Contact 1/緊急聯絡人1

Name/姓名: _____ Relationship to Participant/與孩子的關係: _____

Home Phone/住宅電話: () _____ Cell Phone/手机: () _____

Work Phone/工作電話: () _____ Email/電郵: _____

Emergency Contact 2/緊急聯絡人2

Name/姓名: _____ Relationship to Participant/與孩子的關係: _____

Home Phone/住宅電話: () _____ Cell Phone/手机: () _____

Work Phone/工作電話: () _____ Email/電郵: _____

◆ All students must be picked up by the person (s) authorized by the above registering parent/guardian and emergency contacts. 所有的孩子只能被以登記的家長，監護人以及緊急聯絡人接走。

IV. Student Health Information and Consent Form 學生健康資料，急救緊急，同意書

Child's Physician/孩子的醫生: _____ Health Insurance _____ Policy #: _____

Address/地址: _____ Phone Number/電話: _____

Please list any special limitations or health information we should know about your child, special medical needs, dietary restrictions and allergies 請列出您孩子的任何特殊限制，健康信息，藥物需要及致敏食物。

Individual Health Plan for child with a chronic health condition? If yes, please attach. /孩子有無慢性病個人健康計劃？如有，請附加。 _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. /孩子有無任何撫養權協議，法庭指令或限制令？如有請附加。 _____

Special limitations or concerns? /有無其它特殊限制？ _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. 我授權那些在兒童看護項目中受過基礎急救及心肺復蘇治療訓練的員工在適當的情況下對我孩子實行急救/心肺復蘇治療。

I understand that every effort will be made to contact me in the event of 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 or to _____ and to secure necessary medical treatment for my child. 我明白當我孩子需要緊急醫療看護時，校方會竭盡所能與我取得聯繫。但在某些情況下校方不能及時與我取得聯繫。我特此授權校方將我的孩子送到最近的醫療機構。或到 _____ 對我的孩子進行安全且必要的治療。

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. Parent/Guardian initials: _____ 我保證孩子的體檢報告與免疫文件符合公立學校健康要求。我保證我孩子的符合公立學校健康標準的含鉛油漆篩檢報告已經在孩子的學校存檔。

Parent/Guardian Signature/家長/監護人簽字

Date/日期

V. Safety, Liability Responsibility Agreement /安全與責任保證書

<p>I agree to take full responsibility for my children to obey the Chinese Culture Connection’s rules during program time.</p> <p>I agree to take full responsibility for the safety of my children and all members of my family while attending CCC’s program. I will not hold CCC liable for any personal injury, any person property damage, accident, illness or any unexpected situations, which may occur in the premise during program time.</p> <p>I agree to take full responsibility for any damage caused by my child/children, or by any of my family members to the facilities use at school during the program time. 在校期間，我同意為保證我的孩子遵守華夏文化協會校規負全責。我同意為我的孩子及家人的人身健康負全責。孩子在校期間，當發生人身傷害，財產損失，事故，疾病以及所有意料外的情況，我不會歸咎於華夏文化協會。在校期間，我同意為我孩子或家人損壞的任何財務負責。</p>
<p>Parent/Guardian Signature/家長簽字: _____ Date/日期 ____ / ____ / ____</p>

VI. Photographs /照片

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child’s participation. 为了学校报刊以及其他出版物需求，学校将会对孩子们学校活动进行拍照或摄影。这些照片或视频中不会对孩子的姓名进行标注。请进行选择， Yes/我愿意 No/我不愿意

Parent/Guardian Signature/家长/监护人签字: _____ Date/日期: _____

VII. Payment for Tuition and Fees for Sept 2017 - June 2018 School Year/ 2017九月~2018 六月学费

Days & options / Please check天/選項	Mon/週一	Tue/週二	Wed/週三	Thur/週四	Fri/週五	Total/總計
*up to 6:00pm / \$18 per day (到6:00pm/\$18/天)						
Additional \$5 per subject/week: 各科每周多加\$5	Violin/ 小提琴			Chinese martial art 功夫	Violin/ 小提琴	

***Pick up time: by 5:30 (\$17 per day).**

Nonrefundable registration fee: \$20 for all new student and \$10 for returning student/註冊費: 新生\$20, 旧生\$10.

Total school days are 180 days. But we only count for 177 days deducting the 3 early dismissal dates. If school allows us to open, we will let you know with extra charge. 每學年共180天. 但我们只算177天. 若学校允许我们开课, 而外费用会另外算。

2017-2018 has total of 5 early release days with extra \$10 per day/2017-2018學年共有五天提早放學多加\$50。

Additional \$5 or more per subject per week applies to the following weekly classes/以下項目每週每科需收取而外\$5費用: Chinese martial art/武术; Violin/小提琴。 Chinese text book will be charged separately/中文课本而外收费。

Registration Fee/报名费: _____ **Tuition:** _____ **Extra Subjects:** _____

Payment/金额: _____ **Balance:** _____

Cash/Check/现金/支票号码 _____

Receiver's Signature/经办人签名 _____ **Date日期** _____