

康福中文学校 2016-2017 秋季班注册表

A. 学生 (旧生请填写上学期在中文学校的年级, 新生免填)

1. 英文全名 _____ 姓名(中文) _____
 性别 _____ 生日 _____ (mm/dd/yy) 新生 / 上学期在中文学校是 _____ 年級
2. 英文全名 _____ 姓名(中文) _____
 性别 _____ 生日 _____ (mm/dd/yy) 新生 / 上学期在中文学校是 _____ 年級
3. 英文全名 _____ 姓名(中文) _____
 性别 _____ 生日 _____ (mm/dd/yy) 新生 / 上学期在中文学校是 _____ 年級

B. 通讯及保险资料 (旧生的资料若与上学期相同, 请标注“SAME”即可)

父亲(英文)姓名 _____ (中文) _____
 母亲(英文)姓名 _____ (中文) _____
 家电话号码 _____ 手机号码 _____
 电子邮件 _____
 住址 _____

紧急联络人(上课时间)

1. 姓名(英) _____ (中) _____ 电话 _____
 2. 姓名(英) _____ (中) _____ 电话 _____

医疗保险公司 _____ 医院 _____ 电话号码 _____

学生 1: 医疗保险 ID _____ 有无过敏药物 (请列出) _____ 医生 _____

学生 2: 医疗保险 ID _____ 有无过敏药物 (请列出) _____ 医生 _____

学生 3: 医疗保险 ID _____ 有无过敏药物 (请列出) _____ 医生 _____

C. 缴费

	学费 ¹ \$200	家长轮值押金 ² \$100 (or \$80)	PTA ³ \$10	国画 \$50	西画 \$50	中文 会话 \$50	象棋 \$50	乒乓 \$50	篮球 \$50	小计
1	200		10							
2	200		10							
3	200		10							
	总计									

¹ 6/11/2016 以后注册者, 另加手续费 \$50.00, 新生除外。

² 若您履行家长轮值义务 (没有迟到、早退), 学校将在学期末将 \$100 家长轮值押金轉至下學期。若您无故没有履行家长轮值义务, 学校将扣留全部 \$100 家长轮值押金。若您注册时选择不参加家长轮值或完成 4 小时的义工, 需交学校 \$80 家长轮值费, 以便学校雇人完成值班任务。

³ PTA 家长老师协会费用每学生每学期 \$10。

支票请写 CCGC-Chinese School

CCGC Chinese School, 2460 Buena Vista Avenue, Walnut Creek, CA 94597

For registration official use only

Payment Total Amount _____ by Check _____ Cash _____
 Check Number _____ Date _____

CCGC Chinese School 2016-2017 Fall Registration Form

A. Student (Returning students only: please enter the grade last semester at Chinese school.)

1. Last Name: _____ First Name: _____ Chinese Name _____
 Gender: M / F DOB: _____ (mm/dd/yy) New Student / Grade Last Semester _____
2. Last Name: _____ First Name: _____ Chinese Name _____
 Gender: M / F DOB: _____ (mm/dd/yy) New Student / Grade Last Semester _____
3. Last Name: _____ First Name: _____ Chinese Name _____
 Gender: M / F DOB: _____ (mm/dd/yy) New Student / Grade Last Semester _____

B. Contact and Insurance information (Mark "Same" if the information has not changed.)

Father's Name: _____ (include Chinese name if applicable)

Mother's Name: _____ (include Chinese name if applicable)

Home Phone Number: (____) _____ Cell Number (____) _____

Email Address: _____

Home Address: _____ City: _____ Zip: _____

Emergency Contact

1. Name _____ Contact Number : (____) _____

2. Name _____ Contact Number : (____) _____

Insurance Company: _____ Phone: _____

Hospital : _____

Student 1 Insurance ID: _____ Known Allergy: _____ Physician: _____

Student 2 Insurance ID: _____ Known Allergy: _____ Physician: _____

Student 3 Insurance ID: _____ Known Allergy: _____ Physician: _____

C. Fee

	Tuition ¹ \$200	Deposit ² \$100 (or \$80)	PTA ³ \$10	Chinese Painting \$50	Western Painting \$50	Chinese Conver -sation \$50	Chinese Chess \$50	Ping-pong \$50	Basketball \$50	Subtotal
1	200		10							
2	200		10							
3	200		10							
	Total									

¹ For late registration after [6/11/2016](#), an additional fee of \$50.00 will be charged. The late processing fee does not apply to new students.)

² If you properly fulfill your parents-on-duty (arrive on time and leave on time), school will transfer the \$100 parents-on-duty deposit to next semester. If you did not show up for parent duty, the school will keep the \$100 parents-on-duty deposit. If you choose not to participate in the official parents-on-duty at school, there will be an \$80 parents-duty fee so that school can hire people to fulfill the duty.

³ PTA charges \$10 per student per semester.

Please make checks Payable to: CCGC-Chinese School.

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