

# 康福中文学校 2018-2019 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 <sup>1</sup>	家长轮值押金 <sup>2</sup>	国画(初级)	国画(中级)	乒乓	篮球	小计	PTA <sup>3</sup>
	\$200	\$100 ( or \$80)	\$50 (7岁以上)	\$50 (9岁以上)	\$50 (7岁以上)	\$50 (8岁以上)		\$10
1	200							10
2	200							10
3	200							10
总计								

<sup>1</sup> 6/09/2018 以后注册者, 另加手续费 \$50.00, 新生除外。

<sup>2</sup> 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 家长轮值押金转至下学期。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。若您在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。

<sup>3</sup> 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 2018-2019 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 <sup>1</sup> \$200	Deposit <sup>2</sup> \$100 ( or \$80)	Chinese Painting (Beginner) \$50 (Age > 7)	Chinese Painting (Intermediate) \$50 (Age > 9)	Ping-pong \$50 (Age>7)	Basketball \$50 (Age > 8)	Subtotal	PTA <sup>3</sup> \$10
1	200							
2	200							
3	200							
Total								

<sup>1</sup> For late registration after 6/09/2018, an additional fee of \$50.00 will be charged. The late processing fee does not apply to new students.)

<sup>2</sup> 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.

<sup>3</sup> PTA charges \$10 per student per semester.

**Please make checks Payable to: CCGC-Chinese School.**

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

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Payment Total Amount: \_\_\_\_\_ by Check \_\_\_\_\_ Cash \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

