



語文班註冊單

Language Class Registration Form

請填寫學生姓名及簽名，支票抬頭請寫“BCS”。語文班學費\$400，高中學分文班學費\$635，新生報名費\$30(不退費)，總計\$430/\$665。請務必帶學生出生證明或護照來註冊。**資料不全，恕不受理。**

Please write student's name, sign and make check payable to BCS for a total of \$430 or \$665 (includes \$400 Language Class tuition or \$635 High School Integrated Chinese Class and \$30 non-refundable registration fee). For identification verification, please bring the student's original birth certificate or passport. **Incomplete application form will not be processed.**

學年 School Year: \_\_\_\_\_ 國語班 Mandarin 中文外語班 Chinese as a Foreign Language (CFL) 粵語班 Cantonese

註冊年級 Intended Grade Level \_\_\_\_\_

高中學分文班 High School Integrated Chinese 高中級 HS Level \_\_\_\_\_

**優先類別 Priority:** 如有兄弟姐妹就讀，請填寫其中一個兄弟姐妹的中文或英文姓名，語文班級及學生 ID。如您 的家長是老師或校董，請填寫家長的中文或英文姓名。If the student has a sibling already enrolled, please fill out the sibling's name, student ID and Language class. If the parent is a teacher or board member, please fill out the parent's name.

兄弟姐妹 Sibling \_\_\_\_\_ 老師 Teacher \_\_\_\_\_ 校董 Board member \_\_\_\_\_

學生資料 Student Information

中文姓名 Chinese Name \_\_\_\_\_ 英文姓名 English Name \_\_\_\_\_ 出生日期 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ 男 女 F 性別 Sex

地址 Home Address \_\_\_\_\_ 城市 City \_\_\_\_\_ 郵區 Zip code \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) 電話 Home phone \_\_\_\_\_ 家長手機 Parent's cell phone \_\_\_\_\_ 家長電郵 Parent's email \_\_\_\_\_

父親 / 監護人中文姓名 \_\_\_\_\_ 父親 / 監護人英文姓名 \_\_\_\_\_ 母親中文姓名 \_\_\_\_\_ 母親英文姓名 \_\_\_\_\_  
Father's/Guardian's Chinese Name Father's/Guardian's English Name Mother's Chinese Name Mother's English Name

醫生姓名 Physician's Name \_\_\_\_\_ 醫生電話 Physician's Phone Number \_\_\_\_\_

緊急聯絡人姓名 Emergency Contact (non-family member) \_\_\_\_\_ 與學生關係 Relationship to student \_\_\_\_\_ 電話 Phone number \_\_\_\_\_

**草簽 Initial 緊急聯絡 Emergency Contact:**

如果有緊急情況發生，無法聯絡上家長、醫生或緊急聯絡人，學校有權做最適當的決定。以上資料若有任何變動，家長或監護人必須立即通知學校。

I hereby give my consent, in an emergency, for the school to call the child's doctor. If the doctor listed cannot be reached, the school is authorized to take my child to the nearest emergency aid station by ambulance, to be given the necessary care. If my child needs to be sent home and I cannot be reached, the school is authorized to contact the emergency contact provided above. I understand that it is my responsibility to notify the school of any change in the above information.

**草簽 Initial 家長義工 Parent Volunteer:**

您是否願意成為博愛義工的一員？ Are you willing to become a BCS volunteer?  願意 Yes  不願意 No

- 校區經理 Campus Manager
- 教務 Curriculum 活動 Activity 公關 PR
- 註冊 Registration 財務 Finance 資訊 IT

**草簽 Initial 家長值日 Room Parent / 校區巡邏 Campus Patrol:**

家長值日及校區巡邏是就讀博愛中文學校的一項必須履行的義務，如不履行罰金為廿元，校方可因家長不履行義務而拒收該學生的註冊。

Room Parent/Campus Patrol duties are mandatory at BCS. I agree to comply with this and pay \$20 penalty for failure to perform. Student registration may be denied due to parent's failure of performing these duties. 現任本校老師和校董可免役。BCS Teachers and board members may be exempt from this duty.

**草簽 Initial 學校規範 Code of Conduct:**

我和我的孩子完全同意遵守校規。 My child and I agree to fully abide by the BCS code of conduct.

**草簽 Initial 退票罰款 Return Check Fee: \$20 退費手續費 Refund Processing Fee: \$20**

退費必須在學年開學頭兩週辦理。 Request for tuition refund can only be made during the first two weeks of the school year.

I, the undersigned parent/guardian, have read the above and understand that I will serve as Room Parent in each of my children's class. BCS Teachers and board members may be exempt from this duty. Also, I do hereby agree to indemnify and hold harmless the Berrryessa Chinese School, its officials and all sponsors of the program from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or in any way connected with his or her participation in the school activities.

請簽名和寫上日期  
Please sign & date!

家長或監護人簽名 Signature of Parent or Guardian (Print & Sign)

日期 Date