## 博愛中文學校

## BERRYESSA CHINESE SCHOOL



P.O. BOX 32988, San Jose, CA 95152–2988 Voice Mail: (408) 5200–BCS

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## 文化班註冊單

## **Cultural Class Registration Form**

請填寫學生英文姓名及簽名,支票抬頭請寫 "BCS",文化班學費: \$195. 請必須填寫有 \* 的部份,資料不全,恕不受理。 Please write student's English name, sign and make check payable to "BCS" for Cultural Class tuition: \$195. Area with \* are required Non BCS students must pay a non-refundable \$30 registration fee. 非博愛語文班學生需繳交\$30 註冊费(不退费).

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請參照文化班課程表填寫, See the cultural class sched				ad class name helow.	
第一志願 First Choice	* 代號 Class Code		Class Name	有否報讀過 Taken Before	學生年齡 Age of Student
	1 4 9/3			□有 Yes □無 No	J 1 M 1 - 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	· 作品 Class Code		Ol Noma		商中在版 Acc of Student
第二志願	* 代號 Class Code	* 砞石	Class Name	有否報讀過 Taken Before	學生年齡 Age of Student
Second Choice				□有 Yes □無 No	
	s not guarantee that you will g			為等候名單,優先次序將給予未選 l, students who have previously taken	
	nt is: □老師 Teacher (班級 ent is:□ 已註冊的博愛十二:			)□校董 Board member ? student.	r (姓名 Name:)  OFFICE USE ONLY
語文班級 Class *學號 Student l	D 中文姓名 Chinese Name		nglish Name	*出生日期 Date of Birth	CK# \$
*地址 Home Address		*城市 City		*郵區 Zip code	
( )	( )	_			Staff Init. Date
*電話 Home number	家長手機 Parent's ce		家長電郵 Parent's e	mail	Class ID#
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 NameFather's/Guardian's English NameMother's Chinese NameMother's English Name					This student will not be accepted due to: □ 表格未完全填妥 Form incomplete
*緊急聯絡人姓名 Emergency Contact 與學生關係 Relationship to student *電 請詳細閱讀,表示同意以下條款 Please read carefully and initial each statements below					□ 未達到規定年齡要求 Not meeting minimum age
車簽 Initial <b>緊急聯絡</b> 如果有緊急情況發生,無法聯絡 I hereby give my consent, in an enearest emergency aid station by the emergency contact provided a 草簽 Initial <b>家長值日</b> 家長值日及校區巡邏是就讀博發 Room Parent/Campus Patrol dutic parent's failure of performing the 草簽 Initial <b>學校規單</b> 草簽 Initial <b>學校規單</b> 草簽 Initial <b>退票罰</b> 退費必須在學年開學頭兩週辦 草簽 Initial <b>博愛文化</b> class students only (except adult of I, the undersigned parent/guardian may be exempt from this duty. Al	格 Emergency Contact:  路上家長、醫生或緊急聯絡 mergency, for the school to ca ambulance, to be given the nea above. I understand that it is n  Room Parent / 校區巡済 愛中文學校的一項必須履行 es are mandatory at BCS. I agese duties. 現任本校老師和村 Code of Conduct: 我和  Return Check Fee: \$20 理。Class Transfer and reque  比班只接受博愛語言班學 cultural class).  n, have read the above and un lso, I do hereby agree to inder	i, 人,學校有權做最all the child's doctor ecessary care. If my my responsibility to be a complete to comply with complete to comply with complete to comply with complete to comply with complete to complete to be a complete to complete to be a complete to complete t	最適當的決定。以_ or. If the doctor liste y child needs to be s o notify the school or rol: 丁罰金為廿元,校元 h this and pay \$20 p Teachers and board 意遵守校規。My ch Refund Processin nd can only be made (化班除外)。I here	上資料若有任何變動,家長或監護 ed cannot be reached, the school is au sent home and I cannot be reached, the fany change in the above informatio 方可因家長不履行義務而拒收該學 penalty for failure to perform. Studend members may be exempt from this child and I agree to fully abide by the lang Fee: \$40, 轉班手續費 Class eduring the first two weeks of the scheby acknowledge that BCS cultural clarent in each of my children's class. BC a Chinese School, its officials and all	athorized to take my child to the he school is authorized to contact on.  基生的註冊。  In registration may be denied due to duty.  BCS code of conduct.  S Transfer Fee: \$20  School year in Morrill MPR.  Sclass is for current BCS language  CCS Teachers and board members I sponsors of the program from and
against any and all liability for an the school activities.	y injury which may be suffere	ed by the afore-men	itioned individual(s	s) arising out of or in any way connec	tected with his or her participation in 清簽名和寫上日期
家長或監護人簽名 Siona	eture of Parent or Guard	lian (Print & Sic		日期 Date	■ Please sign & date!