博愛中文學校 BERRYESSA CHINESE SCHOOL



文化班註冊單 Cultural Class Registration Form

文化班學費: \$225 舊生提早註冊優惠價. \$280 (於二零二四年四月七日及之後註冊) 請填寫學生英文姓名及簽名, 支票抬頭請寫 "BCS"。 (網上付款加收 5%手續費)請必須填寫有 * 的部份,資料不全,恕不受理。 Area with * are required to fill out. Culture Class Tuition: \$225 – Early Bird Return Student Registration | \$280 – Standard (Register on or after 04/07/2024) Please write student's English name, sign and make check payable to "BCS", (5% processing fee will be applied to online payments).

請參照文化班課程表填寫,務必填寫文化班第一和第二志願的代號和課名。

See the cultural class schedule, enter the 1st and 2nd choices of the class code and class name below.

	第 一 志 願 First Choice	* 代號 Class Code	∗ 課名 Class Name	有否報讀過 Taken Before	學生年齡 Age of Student	
				□有 Yes □無 No		
	第 二 志 願 Second Choice	* 代號 Class Code	* 課名 Class Name	有否報讀過 Taken Before	學生年齡 Age of Student	
				□有 Yes □無 No		

不填第二志願並不代表第一志願會被接納。曾報讀同一課程的學生,將排到第二志願或是列為等候名單,優先次序將給予未選修過的學生. Not filling out the 2nd choice does not guarantee that you will get your first choice. When class is full, students who have previously taken the class will be assigned to either 2nd choice or the waiting list.

優先類別 Priority: 家長是 Parent is: □老師 Teacher (班級 Class:_____ 姓名 Name:______) □校董 Board member (姓名 Name:______) 學生是 Student is:□ 己註冊的博愛十二年級的學生 registered BCS Grade 12 student.

				OFFICE	USE ONLY
語文班級 Class *學號 Student ID	中文姓名 Chinese Name	*英文姓名 English Name	*出生日期 Date of Birth	СК#	\$
*地址 Home Address		*城市 City	*郵區 Zip code	UN#	
()	()家長手機 Parent's cell			Staff Init.	Date
*電話 Home number	Class	Class ID#			
	父親 / 監護人英文姓名 Father's/Guardian's English	母親中文姓名 Name Mother's Chinese Name	母親英文姓名 e Mother's English Name _ ()	This student will not be accepted due to: □ 表格未完全填妥	
*緊急聯絡人姓名 Emergency Conta 請詳細閱讀,表示同意以下條書		學生關係 Relationship to student *電話 Phone number and initial each statements below:		Form incomplete □ 未達到規定年齡要求 Not meeting minimum age	
草簽 Initial 緊急聯絡 E		Not meeting minimum age			

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。

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.

______草簽 Initial **學校規範 Code of Conduct:** 我和我的孩子完全同意遵循校規,並遵守《家長和學生手冊》中所有的規則與章程。My child and I agree to fully abide by the BCS code of conduct, and to comply with all rules and regulations in the Parent & Student Handbook

草簽 Initial 退票罰款 Return Check Fee: \$20 退費手續費 Refund Processing Fee: \$40

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.

草簽 Initial 家長、學生手冊已詳讀並同意條款 Agree and accept Parent & Student Handbook Term & Condition posted in <u>www.bcs-usa.org</u> website. 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. Also, I do hereby agree to indemnify and hold harmless the Berryessa 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 afore-mentioned individual(s) arising out of or in any way connected with his or her participation in the school activities.

Please CHECK \sqrt{One}

I hereby DO DO NOT consent to the unrestricted use by Berryessa Chinese School (BCS) and its affiliates of any and all of the photographs/audio/video taken of my child for any purpose including without limitation, art, editorial, advertising or trade without further compensation to my child or me. (The DO NOT consent does not apply to yearbooks).

Preferred Email Address:

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

日期 Date

請簽名和寫上日期 Please sign & date!

V0208-2024