BERRYESSA CHINESE SCHOOL

語文班學費: \$500 舊生提早註冊優惠價. \$575 (於二零二五年四月六日及之後註冊)

支票抬頭請寫 "BCS",同時請註明學生英文姓名以及學生 ID 號碼

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



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

(網上付款加收5%手續費)

(5% processing fee will be applied to online payments)

Email: registration@bcs-usa.org

www.bcs-usa.org

語文班註冊單 **Language Class Registration Form**

Language Class Tuition: \$500 - Early Bird Return Student Registration | \$575 - Standard (Register on or after 04/06/2025)

NEW Student Registration Fee: \$30

| Please make check payabl | e to "BCS" and write student's I | English name and ID o | on the check. | | , | |
|--|---|--|---|--|------|--|
| 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 | | |
| 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 □ | | | | 家中母語 Primary Language at Home D 國語 (Mandarin) P 粤語 (Cantonese) D 英語 (English) D 其他 (Other) | | |
| 學生資料 Student Information □ □ ## □ | | | | | | |
| 中文姓名 Chinese Name | 英文姓名 English Name | 田生日期 Date of Birth (MM/DD/YYYY) 性別 Sex 您是如何得知我們? | | | | |
| 地址 Home Address () | | 城市 City 郵區 Zip code | | How did you hear about us? □親戚 Family □朋友 Friend | | |
| 電話 Home phone | 家長手機 Parent's cell phone | 家長電郵 Parent's en | mail | □網站 Website □其他 Other | | |
| 父親 / 監護人中文姓名 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 | | | OFFICE USE ONLY S | | | |
| 醫生姓名 Physician's Name | 醫生電話 | Physician's Phone Number | | Staff Init. | Date | |
| 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。 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: □ 願意 Yes □ 教務 Curriculum □活動 Activity □ 公開 PR □ 註冊 Registration □財務 Finance □ 資訊 IT | | | | | | |
| 家長值日及校區巡邏是就讀博愛中mandatory at BCS. I agree to comply 草簽 Initial 學校規範 | om Parent / 校區巡邏 Campus Patrol: 文學校的一項必須履行的義務,如不履行計 with this and pay \$20 penalty for failure to po Code of Conduct: 我和我的孩子完全同 with all rules and regulations in the Parent & \$ | 蜀金為廿元,校方可因家長不 erform. Student registration may 意遵循校規,並遵守《家長科 | 履行義務而拒收該學生的註冊。Room y be denied due to parent's failure of perf | Parent/Campus Forming these duti | ies. | |
| 草簽 Initial 退票罰款] | Return Check Fee: \$20 退費手續費 F Request for tuition refund can only be made d | Refund Processing Fee: \$4 | | | | |
| I, the undersigned parent/guardian, have rea | ·冊已詳讀並同意條款 Id the above and understand that I will serve as Room om and against any and all liability for any injury, which | Parent in each of my children's class | . Also, I do hereby agree to indemnify and hold | | | |
| Please CHECK √ One | | | | | | |
| | OT consent to the unrestricted use by Berryestion, art, editorial, advertising or trade without | | | | | |
| Preferred Email Address: | | | | | | |

請簽名和寫上日期 Please sign & date!

日期 Date