

理海谷中文學校二〇一八年春季班註冊報名表

Lehigh Valley Chinese School ADMISSION APPLICATION FORM

Spring 2018

1. 學生資料 / Student's Information

中文姓名 _____ Name [First MI Last] _____ 生日 [Date of Birth] _____ 年級 [Grade] _____
First student _____
Second student _____
地址 (Address): Street: _____ city: _____
State: _____ Zip: _____
電話 / Telephone: _____ (Home) _____ (Cell) New Re-register
電子郵政信箱 / Email Address: _____

2. 家長資料(如學生未成年) Parent's Information (if student is minor)

中文姓名 _____ Name [First MI Last] _____ Employer _____
父親 (Father) _____
母親 (Mother) _____

3. 學費/Tuition \$ _____ Check # _____

Please make checks payable to Lehigh Valley Chinese School

學費/Tuition \$170.00 per student before the first day of class. After that the tuition will be \$200.00 per student.

Registering by mail, please send this form, the Medical Release Form, and a check to Lehigh Valley Chinese School, 1288 Brassie Street, Wescosville, PA 18106

4. 學生資格: 有關幼幼班、幼稚班學生入學資格, 請洽詢學校。

Please contact the school for pre-K and kindergarten admission information.

5. 開學日期 (The first day of class): 1/7/2018

家長大會 (Parents Meeting): 1/7/2018, 2-3pm

6. 本校在上課期間, 各班由學生家長或學生輪流擔任值日。值日的責任為為全班學生準備點心及飲料。下課後家長需準時接走學生, 以免發生意外。學校不負任何責任。

It is the parents' responsibility to take turns to bring in snacks/drinks for students of the class.

Please pick up the children as soon as the classes are dismissed.

7. 我瞭解中文學校會盡量提供安全的環境。然而有意外災害發生時家長將負責學生的安全

I understand that Lehigh Valley Chinese School will do its best to provide a safe and educational environment for students. However, I will be responsible for all the liabilities of my children attending the school if an unexpected accident, catastrophe, and/or disaster should occur.

父親簽字 (Father's Signature) _____ (Date) _____

母親簽字 (Mother's Signature) _____ (Date) _____

LVCS Contacts

Email: dinobogi1@gmail.com, principal@palvcs.org.

Phone: Annica Du (570)640-7016, Grace kao (610)504-9005, Michael Lin (917)589-6184

Refund Policy: Two week before school starts – 100%

One week before school starts – 50%

Thereafter – 0%

Lehigh Valley Chinese School Parent Consent Medical Release Form

Please fill out and return this form to the Lehigh Valley Chinese School to ensure that your child(ren) receive(s) a safe, enjoyable learning experience.

	中文姓名 _____	Name [First MI Last] _____	生日 [Date of Birth] _____	年級 [Grade] _____
First student	_____	_____	_____	_____
Second student	_____	_____	_____	_____
地址 (Address):	Street: _____		City: _____	
	State: _____		Zip: _____	
電話 / Telephone:	_____ (Home)		_____ (Cell) New <input type="checkbox"/> Re-register <input type="checkbox"/>	
電子郵政信箱 / Email Address:	_____			
Authorization:	Yes <input type="checkbox"/> No <input type="checkbox"/>			

1. I hereby authorize the Lehigh Valley Chinese School to make treatment decisions on my behalf, including X-ray examinations, anesthetic, medical, or surgical diagnoses, and medical care at a licensed hospital under the supervision of licensed physicians and/or surgeons in the event of my child(ren)'s medical emergency.

2. If the parents or legal guardians cannot be reached in an emergency, the following people can be contacted:

Emergency contact	Address	Phone
Emergency contact	Address	Phone

Type of Medical Insurance Plan _____
Policy# _____

These authorizations shall remain in effect until the time my child(ren) withdraw(s) from the Lehigh Valley Chinese School unless notified sooner in writing.

I understand that LVCS will try its best to provide a safe and healthy environment for students. However, I will be responsible for all the liabilities of my children attending the school if an unexpected accident, catastrophe, or disaster should occur.

Signature of Parent or Guardian	Date	Telephone
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