

理海谷中文學校二〇一九年秋季班註冊報名表

Lehigh Valley Chinese School ADMISSION APPLICATION FORM

Fall 2019

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 payable 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): TBD

6. 家長大會 (Parents Meeting): TBD

7. 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 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: principal@palvcs.org.

Phone: Ming Kao(610)504-9009, Grace kao (610)504-9005

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 Re-register

電子郵政信箱 / Email Address: _____

Authorization: Yes No

- 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.
- 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 children withdraw 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 _____