



亚凯迪亚中文学校学生资料表

Arcadia Chinese School and Cultural Center

Date:	Term Registration (School beginning date):	Email: _____
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学生 (Student Information)

中文姓名(Chinese Name)	英文姓名(English Name)	性别(Gender)	生日(Date of Birth)
目前就读美国学校(Name of Current English School)		年级(Grade)	年龄(Age)
住址(Address)			电话(Telephone)

家长 (Parent / Guardian Information)

父(Father)英文姓名(English Name)	父(Father)中文姓名(Chinese Name)	职业(Occupation)	电话(Telephone)	手机(Mobile Phone)
母(Mother)英文姓名(English Name)	母(Mother)中文姓名(Chinese Name)	职业(Occupation)	电话(Telephone)	手机(Mobile Phone)

**預参加之课程 (Program to be attended)

週六中文班 (Saturday Chinese Class)

週一至週五課后中文班 (Saturday Chinese Class)

有意愿让孩子额外加强英数者請打勾(中文課可能变为一天一小時) Please check, if wish your child to also have extra assistance in English & Math. However, Chinese class time will be shortening to be an hour per day.

暑期夏令營 (Summer Camp)

**課外活動分組 (適用於暑期夏令營) (Courses) (For Summer Program)

兒童繪畫 (Drawing) 民俗技藝(扯鈴,跳繩,踢毽子) (Folk Games) 武術 (Martial Arts)

魔術 (Magic Class) 手工藝 (Chinese Handicraft)

**学习程度 (Completed Courses)

注音符号(zhuyin) <input type="checkbox"/> 冊	汉语拼音(pinyin) <input type="checkbox"/> 冊
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紧急連絡电话(Student Emergency Information if parent is not able to be contacted):

Name of Family Doctor:	Tel.
Emergency Contact Number:	Tel.
Health Insurance Name:	Tel.

不准退学費(Parent agrees that tuition is NON REFUNDABLE even if the student chooses to terminate his enrollment during the school or program term at any point in time).

Signature of Parent/Guardian:	Date:
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附註(comments):

Waiver Liability Form

Witness this Agreement this _____ day of _____, 20____, by and between the Arcadia Chinese School and Cultural Cent DBA Temple City Chinese School, hereinafter referred to as SCHOOL and _____, hereinafter referred to as STUDENT, and, if student is a minor, student's parent or guardian, _____, hereinafter referred to as PARENT. In consideration received, and in return for the use, today and on all future date of the property, facilities and services of the School, School's instruction, and employees hereby agree as follow:

1. Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with school activities, and hereby expressly assumes all risks associated with participating in such activities.
2. Parent and Student agrees to hold harmless, indemnify and defend School against any and all claims, demands, causes of action, damages, judgments, orders, costs or expense, including attorney's fee, which may in any way arise from or be in any way connected with the student's use of or presence upon the property of School and the facilities located thereon. In the even student is a minor, the parent or guardian shall further indemnify, defend and hold School harmless from any such claims by said minor student, regardless of any statute of limitations or contractual limitation of actions.
3. Parent and Student agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

Authorization of Emergency Medical Care

Should the student become ill or injured during the school hours on School supervised grounds;

The student may receive necessary first aid.

The student may receive medical attention by a licensed physician.

The student will be admitted to a hospital if necessary.

This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only of the event and time period specified above.

Signature of Parent/ Guardian:	Date:
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