



天主教鳴遠中文學校MING YUAN CHINESE SCHOOL

註冊表 REGISTRATION FORM

註冊日期

Date: _____

註冊編號

Family No. _____

請用正楷書寫：僅限同一家庭兄弟姐妹使用同一張註冊表。

PLEASE PRINT: Only siblings allowed using one registration form.

	<input type="checkbox"/> 週末中文學校 Weekend Chinese School <input type="checkbox"/> 週一至週五課後班 Monday thru Friday After School
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若有錯誤，請更正 (If correction is needed, please provide)

編號	學生中文姓名 Chinese Name	學生英文姓名 English Name First Name/Last Name	出生日期DOB MM/DD/YYYY	性別 Sex	中文學校班別 Chinese Class	英文學校班別 Current Grade/Room
1						
2						
3						
4						

住址	Street Address _____ Apt.# _____	
電話	City _____ State _____ Zip _____	住家電話 Home Tel. ()

中文或英文姓名 Chinese or English Name	行動電話 Cell Number	工作電話 Work Phone
父親 Father		
母親 Mother		
其他 Other		

PARENT CONSENT

- *I do hereby give authority to Ming Yuan Summer Camp, After School and Chinese School staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*
- *I do hereby understand that while my child is attending Ming Yuan After School Program there will be no After School session on half days and days canceled by the Department of Education due to snow. It is my responsibility to call 311 or listen to the news to find out if the After School session is canceled by the DOE due to snow. If the After School session is canceled by the DOE, I will pick up my child at his/her public school regular dismissal time.*
- *I affirm that all the information on this form is true to the best of my knowledge. It is my responsibility to notify the Director in writing of any changes to information on this form.*

Relationship(與學生關係) _____ Signature (簽名) _____ Date(日期) _____