

莘莘中文學校

United Chinese Learning Center

17161 Goldenwest Street, #C, Huntington Beach, CA 92647

2018 Spring Registration Form 春季班註冊單

01/29/2018 - 06/17/2018

Student Information 學生資料

Chinese Name 中文名字	English Name (Last, First)	Birth Date mm/dd/yyyy	Gender 性別	Grade 年級

Tuition for Weekday Mandarin Program 每日中文班學費

Mon-Thurs (4 Days) 3:30pm-5:30pm 每日班四天 \$ 780.00 _____

Mon-Thurs (2 Days) 3:30pm-5:30pm (Circle M T W Th) 每日班兩天 \$ 530.00 _____

\$30 Tuition Discount if registered before 1/21

Sibling Discount (full time student only): (2nd child:\$10 , 3rd child:\$20)

Tuition for Weekend Mandarin Program 周末中文班學費

Sat & Sun (2 Days) 週末兩天 9:00 am-12:00pm \$ 600.00 _____

Sat or Sun (1 Day) 週末一天 9:00 am-12:00pm \$ 480.00 _____

Saturday Preschool (4-5.5 yrs)週六學前班 9:30am-12:00pm \$ 480.00 _____

\$30 Tuition Discount if registered before 1/21

Sibling Discount (full time student only): (2nd child:\$10 , 3rd child:\$20)

Other Fees

Textbook and Material Fee 書本及材料費 \$ 10.00 _____

Registration Fee (New Student only)新生註冊費 \$ 20.00 _____

Dance Class 舞蹈班

Children's Folk Dance 兒童民族舞 Sunday 12:30pm-1:20pm \$ 180.00 _____

Children's Latin Dance 兒童拉丁舞 Sunday 2:00pm-2:50pm \$ 180.00 _____

Adult Latin Dance 成人拉丁舞 Sunday 3:10pm-4:00pm \$ 180.00 _____

Please make check payable to : U.C.L.C.

Total Tuition 學費總計 _____

For Office Use: Tuition _____ Ck # _____ Cash _____ Date _____ Received By _____

Family Information 家庭資料

Language Spoken at Home _____ Ethnicity _____

Father's Name 父親 _____ Cell Phone _____

Mother's Name 母親 _____ Cell Phone _____

Home Address _____

Home Phone _____ Work Phone: _____

E-Mail: (Please print clearly) _____

Name of Emergency Contact 緊急聯絡人 _____

Phone 電話 _____ Relationship 關係: _____

Family Doctor 家庭醫生 _____ Phone 電話 _____

To Parents/Guardian

* Please specify if your child has any known food allergies or dietary restrictions:

*I give permission to UCLC authorized personnel to administer basic first aid to the student as appropriate. I also give permission to UCLC authorized personnel to arrange transportation for the student in case of accident or acute illness and to arrange for medical care at the closest hospital in case of emergency. I understand that an effort will be made to notify me before such action is taken.

* in case of illness or accidents, UCLC is not responsible for medical and other expenses incurred. I hereby waive any claim against UCLC for the illness, accident or injury that may occur as a result of my child's participation in UCLC's program..

* I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in its websites or other media published by UCLC.

[] Please check box if you do not want your child's picture showed on media published by UCLC.

Signed by Parent/Guardian 家長簽名 : _____ Date 日期: _____

UCLC Office : 714-841-7587

Email: office@uclchb.org

Website 學校網址: www.uclchb.org

Principal Luo 羅校長: 714-362-4616

meitaurmft@gmail.com,