**莘莘中文學校**

**United Chinese Learning Center**

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

**2018 Fall Registration Form秋季班註冊單**

**09/05/2018 – 01/25/2019 (18 Weeks)**

**Student Information學生資料 (One family per form)**

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

**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 **$750.00 ($780.00 after 8/10) \_\_\_\_\_\_\_\_\_**

Mon-Thurs (2 Days) 3:30pm-5:30pm 每日班兩天  **$500.00 ($530.00 after 8/10) \_\_\_\_\_\_\_\_\_**

**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  **$570.00 ( $ 600.00 after 8/10) \_\_\_\_\_\_\_\_\_\_**

Sat or Sun (1 Day ) 週末一天 9:00 am-12:00pm  **$450.00** **( $480.00 after 8/10) \_\_\_\_\_\_\_\_\_\_**

Saturday PreK & K 週六學前班 9:30am-12:00pm **$450.00** **( $480.00 after 8/10) \_\_\_\_\_\_\_\_\_\_**

**Other Fees & Discount**

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

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

Less: Sibling Discount: ( 2nd child:$10 , 3rd child:$20 ) **Less:**  \_\_\_\_\_\_\_\_\_\_

**Elective Classes:**

Children’s Folk Dance 兒童民族舞 Sunday 12:30pm-1:20pm **$**1**80.00** (18 classes) \_\_\_\_\_\_\_\_\_ Children’s Latin Dance兒童拉丁舞 Sunday 1:20 pm-2:30pm **$**1**80.00** (18 classes)­­­­­­\_\_\_\_\_\_\_\_\_

Adult Latin Dance 成人拉丁舞Sunday 2:30pm:-4:00pm **$270.00** (18 classes)­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_

**Please make check payable to : U.C.L.C. 學費總計 Grand Total \_\_\_\_\_\_\_\_\_\_\_\_**

For Office Use: Tuition Paid: $\_\_\_\_\_\_\_\_\_\_ Ck #\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Received By\_\_\_\_\_\_\_\_\_

**Family Information家庭資料**

Language Spoken at Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**

**\*** Pease 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 Principal Luo 羅校長: 714-362-4616

**Email**: [office@uclchb.org](mailto:office@uclchb.org) [meitaurmft@gmail.com](mailto:meitaurmft@gmail.com),

**Website**學校網址**: www.uclchb.org**