

# 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 **\$180.00** (18 classes) \_\_\_\_\_

Children's Latin Dance 兒童拉丁舞 Sunday 1:20 pm-2:30pm **\$180.00** (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

\* 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

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](http://www.uclchb.org)