

莘莘中文學校

United Chinese Learning Center

2019 Summer Registration Form 暑期班註冊單

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

714-841-7587 Email: office@uclchb.org Website: www.uclchb.org

06/24/2019 - 08/16/2019 (8 Weeks)

Student Information (One Family Per Form)

Chinese Name	English Name (Last, First)	Birth Date mm/dd/yyyy	Gender	Grade in Fall

Wk1 Wk2 Wk3 Wk4 Wk5 Wk6 Wk7 Wk8
6/24 7/1 7/8 7/15 7/22 7/29 8/5 8/12

Level 1 to Level 5 :

Morning Class (M-F) 9:00am-12:00pm **\$110.00** x _____ wks \$ _____

Afternoon Class (M-F) 1:30pm- 4:30pm **\$110.00** x _____ wks \$ _____

Full Day Class (M-F) 9:00am- 4:30pm **\$220.00** x _____ wks \$ _____

K and Pre-K Class (M-F) 9:00am -12:00pm **\$120.00** x _____ wks \$ _____

Material Fee \$10.00 per Student \$ _____

New Student Registration Fee \$20.00 per family \$ _____

Sibling Discount \$10 for Second child \$20 for third child \$ < >

Tuition Discount: \$80.00 for Registration of 8- week term before 6/2 \$ < >

Elective Class: 4:30pm to 5:30pm:

Monday : Public Speaking \$80/8 weeks \$ _____

Tuesday: Children's Chinese Opera \$80 /8 weeks \$ _____

Wednesday: Chinese Brush Painting \$80 /8weeks \$ _____

Thursday: Children's Folk Dance \$80 /8 weeks \$ _____

Friday: Children's Tai Chi/Mindfulness \$80 /8 weeks \$ _____

Please make check payable to : U.C.L.C. Grand Total \$ _____

Amount Paid: _____	Check #: _____	Date: _____	Received by _____
--------------------	----------------	-------------	-------------------

Family Information

Language Spoken at Home _____

Father's Name 父親 _____ Cell Phone _____

Mother's Name 母親 _____ Cell Phone _____

Home Address _____

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

Pick-up Policy:

***Morning Class** ends at 11:55am. All students need to be picked up by **12:15pm**.

***Afternoon Class** ends at 4:25pm. All students need to be picked up by **4:45pm**.

***Elective Class** ends at 5:25pm. All students need to be picked up by **5:45pm**.

A \$10.00 late pickup fee will be charged unless prior arrangement have been made.

*Lunch break day care (12:00pm to 1:30pm) is provided for full day students only.

For the day your child needs to stay for lunch, please pay \$10.00 day care fee.

* 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 : _____ Date: _____