

# 莘莘中文學校

## United Chinese Learning Center

2020 Spring Registration Form (1/27/2020 – 6/14/2020)

School Address: 5172 McFadden Ave. Huntington Beach, CA 92649

Mailing Address: P. O. Box 3118, Huntington Beach, CA 92605-3118

714-841-7587, 714-362-4616 Email: office@uclchb.org Website: www.uclchb.org

### Student Information (One family per form)

Chinese Name	English Name (Last, First)	Birth Date	Gender	Grade

### Tuition for Weekday Mandarin Program 每日中文班學費

Tue, Wed, Thur (3 Days) 3:45pm-5:45pm 每日班三天 \$ 650.00 (\$ 680.00 after 1/27) \_\_\_\_\_

Tue, Wed, Thur (2 Days) 3:45pm-5:45pm 每日班兩天 \$ 500.00 (\$ 530.00 after 1/27) \_\_\_\_\_

### Tuition for Weekend Mandarin Program 周末中文班學費

Sunday Morning Level 1-5 9:00 am-12:00pm \$ 400.00 (\$ 430.00 after 1/27) \_\_\_\_\_

Sunday Afternoon Level 1-5 1:00pm -4:00pm \$ 400.00 (\$ 430.00 after 1/27) \_\_\_\_\_

Sunday Morning Kinder (4-5.5yrs) 9:00am-12:00pm \$400.00 (\$ 430.00 after 1/27) \_\_\_\_\_

Sunday Afternoon Kinder (4-5.5yrs) 1:00-4:00pm \$400.00 (\$ 430.00 after 1/27) \_\_\_\_\_

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

New Student Registration Fee 新生註冊費 \$ 20.00 per family \_\_\_\_\_

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

### Sunday Elective Classes:

Adult Conversational Class 9:30am-11:30pm \$360.00 \_\_\_\_\_

Chinese Folk Dance 12:00pm-1:00pm \$180.00 \_\_\_\_\_

Speech 12:00pm-1:00pm \$180.00 \_\_\_\_\_

Chinese Brush Painting 12:00pm-1:00pm \$180.00 \_\_\_\_\_

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

Grand Total =====

For Office Use: Fee 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**

\*Classroom door opens 5 minutes before class starts. All students need to be picked up within 10 minutes after class ends.

\* 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  
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