

莘莘中文學校

United Chinese Learning Center

2021 Fall Registration Form (9/11/2021 – 1/29/2022)

School Address: 6931 Edinger Ave. Huntington Beach, CA 92647

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 mm/dd/yyyy	Gender	Grade/school

Tuition for Weekday Mandarin Program 每日中文班學費

Mon-Wed (3 Days) 3:30pm-5:30pm 每日班三天 \$ 850.00 (\$ 900.00 after 8/15) _____

Mon-Wed (2 Days) 3:30pm-5:30pm 每日班兩天 \$ 650.00 (\$ 700.00 after 8/15) _____

Tuition for Weekend Mandarin Program 周末中文班學費

Saturday Kinder (4-5.5yrs) 9:00 am-12:00pm \$ 500.00 (\$ 550.00 after 8/15) _____

Saturday Level 1-5 9:00 am-12:00pm \$ 500.00 (\$ 550.00 after 8/15) _____

High School Credit Class Sat 9-12 and W 3:30-5:30 \$ 850.00 (\$ 900.00 after 8/15) _____

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: (\$20 for each additional child) Less: _____

Saturday Elective Class:

Adult Conversational Class Saturday 9:30am-11:30pm \$400.00 _____

Grand Total =====

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

Please mail check with registration form to: United Chinese Learning Center

P. O. Box 3118

Huntington Beach , CA 92605-3118

For Office Use: Fee Paid: \$ _____ Ck # _____ Date _____ Received By _____

Family Information 家庭資料

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

* 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
office@uclchb.org

Principal Luo 羅校長: 714-362-4616
meitaurmft@gmail.com