

# 莘莘中文學校

United Chinese Learning Center

2025 Summer Program Registration Form 暑期班註冊單

6931 Edinger Ave, Huntington Beach, CA 92647

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	New Student

**06/23/2025 - 08/15/2025 (8 Weeks)**

Half Day: Monday to Friday 9:00am - 12:00pm (Drop Off Starts at 8:30am)  
1:30pm - 4:30pm

Full Day: Monday to Friday 9:00am – 4:30pm (Pick Up before 5:00pm)

Saturday Conversational Class: 9:00am - 12:00pm

Class Levels: Kindergarten, Beginner1, Beginner 2, Intermediate

Tuition Per Week: \$160.00 Half Day, \$300 Full Day

Early Bird: Register before 4/30 to waive \$30.00 Registration Fee

Tuition:	Half Day(Morning)	Half Day(Afternoon)	Full Day
Week 1: 6/23 - 6/27	\$160	\$160	\$300
Week 2: 6/30 - 7/3	\$130	\$130	\$250
Week 3: 7/7 - 7/11	\$160	\$160	\$300
Week 4: 7/14 - 7/18	\$160	\$160	\$300
Week 5: 7/21 - 7/25	\$160	\$160	\$300
Week 6: 7/28 - 8/1	\$160	\$160	\$300
Week 7: 8/4 - 8/8	\$160	\$160	\$300
Week 8: 8/11 - 8/15	\$160	\$160	\$300
	\$ _____	\$ _____	\$ _____

**Saturday Conversational Class (8 Weeks) \$300.00** \$ \_\_\_\_\_

**Add: \$30.00 Registration fee** \$ \_\_\_\_\_

**Please Make Check Payable to : UCLC** **Total** \$ \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

E-Mail: (Please print clearly) \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

### To Parents/Guardian

**\*Drop-off: Morning drop off starts at 8:30am**

**\*Pick-up: Morning Class ends at 12:00pm. Students must be picked up by 12:15pm.**

**Full Day Class ends at 4:30pm. Students must be picked up by 5:00pm**

\* Please specify if your child has any known food allergies or dietary restrictions:

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\*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.

\* I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in social 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: \_\_\_\_\_

**School Mailing Address:** United Chinese Learning Center  
P O Box 3118  
Huntington Beach, CA 92605-3118

**School Contact:** 714-841-7587 (Office) 714-362-4616 (Principal Luo)