



天樂語文學校

San Mateo County Chinese School

Tel: 650-867-1581, 692-9166

E-mail Address: **GJCS94010@gmail.com**

Mailing Address: P.O. Box 806, Millbrae, CA 94030

Date 日期	
Check 支票號碼	
Amount 金額	
Cash 現金	
Total 總額	

Parent's Information:

家長(監護人)姓名 Parents/Guardian: _____

地址 Address: _____

電話 Tel: _____ 傳真 Fax: _____

手提電話 Cellular Phone: _____

E-mail: _____

學年註冊單(Registration Form)

學生英文姓名 Student Name	中文姓名 Chinese Name	生日 Birthday	班別 Grade	性別 Sex	課外活動 Extra Curriculum	需學分轉換 Accreditation (Y/N)

家庭使用語言 Language Spoken at Home: _____

國語 Mandarin _____ 粵語 Cantonese _____ 英語 English _____ 其他 Other: _____

願意學簡體字 Want to Learn Written Language in simplified _____ or 繁體字 complicated _____

Class:

5 days _____ 4days _____ 3 days _____ 2 days _____ 1 day _____ Others _____

Single subject: Chinese _____ Abacus _____ Drawing _____ Piano _____ Others _____

Emergency Contact (s):

緊急情況聯絡人 Name: _____ 關係 Relationship: _____

電話 Telephone: _____

Authorization 家長同意書:

- I give permission for my child/children to participate in the SMCCS program. I will not hold ANCCS, the school or any staff member liable in case of accidents or injuries. In case of emergency, I authorize for my child to receive medical treatment at Peninsula Hospital at my own expense. No refund after the school begins.
- 本人同意上列報名子女參加天樂語文學校各種課業活動。並同意如果發生意外事故，不向北加州中文學校聯合會，學校或學校職員，理事追究責任。本人子女若因故受傷，本人允許學校逕送 Peninsula 醫院治療，並願意負擔全部費用。開課後恕不退費。

家長/監護人簽名

Parents/Guardian Signature: _____

日期

Date: _____