



LIAC Chinese Language Education Center 长岛宣道会 - 中文教育中心

Student Registration Form 学生报名表 2018 - 2019 School Year 学年

Instructions 填表须知

1. Only students entering Kindergarten — 8th Grade in September 2018 are eligible to register.
只接受 2018 年九月就读幼稚园至八年级的学生报名。
2. The tuition for the 2018-2019 school year is \$300 per student, out of which \$250 may be refunded upon written request before October 31, 2018. If paying by check, please make the check out to LIAC.
每一个 2018 - 2019 年的学生学费为三百元。如于 2018 年十月底前退学，可发还二百五十元学费。
3. Please give the completed registration form, together with the \$10 registration fee, to Connie Jon or Prayer Huang.
请把填妥的报名表连同十元报名费交汤康妮 或徐媛贞收录。
4. The admissions office may arrange interviews with applicants and their parents if needed.
如有需要，注册组会安排申请者及其家长面谈。
5. Not all eligible applicants will be admitted. The admissions office will inform parents of the admission decisions verbally and in writing on or before May 31, 2018. For those applicants we regrettably cannot accommodate, we will refund the \$10 registration fee.
并非所有申请都获接纳。如获接纳申请，注册组会于 2018 年 5 月 31 日或以前以口头和书面通知家长，所有不获接纳的申请者，将发还十元报名费。

Receipt 收据

Student's English Name: _____ Chinese Name: _____
(Last, First)

() Registration Fee 报名费:

Cash 现金 \$ _____ Check 支票 \$ _____ (No. _____)

() Tuition 学费:

Cash 现金 \$ _____ Check 支票 \$ _____ (No. _____)

Form Submitted Date 报名表递交日期: _____ Received By 收表人: _____

Student Information

Student's English Name: _____
(Last, First)

Gender: M / F

Student's Chinese Name: _____

Date of Birth: _____
(Month /Day /Year)

Entering Grade _____ in September 2018

Student's Home Address:

Family Information

First Parent/Guardian Information 家长/监护人资料:

Name 姓名: _____ (Last 姓, First 名)

Home Address 地址: _____ (if different)

Daytime Phone 日间电话: _____

Evening Phone 晚间电话: _____

Email Address 电邮: _____

Second Parent/Guardian Information 家长/监护人资料:

Name 姓名: _____ (Last 姓, First 名)

Home Address 地址: _____ (if different)

Daytime Phone 日间电话: _____

Evening Phone 晚间电话: _____

Email Address 电邮: _____

Additional Information 附加资料

Please tell us more about the student to help us better understand the needs of the student and to lay the foundation for a cooperative relationship with the teacher throughout the school year:

Emergency Contacts Other Than Parents/Guardians 紧急时的联络人资料

1. Name: _____ Relationship: _____
 Phone: _____ Authorized to pick up? Yes No
2. Name: _____ Relationship: _____
 Phone: _____ Authorized to pick up? Yes No

Emergency Authorization

I am a parent/legal guardian for _____. In case of medical emergency, I understand that my child will be transported to the nearest hospital if deemed necessary. My child will be transported at my expense. It is understood that in some emergency situations, center personnel may need to call 911 before contacting the parents, or other adult acting on the child's behalf. I hereby give express permission to Long Island Alliance Church Chinese Education Center to take whatever emergency measures (first aid, disaster, etc.) are deemed necessary for the protection and care of my child while he/she is in attendance of the program.

First Parent/Guardian Signature: _____ Date: _____

Second Parent/Guardian Signature: _____ Date: _____

By signing below, I verify that all the information on this form is accurate and complete.
 我签名如下， 以此证明以上的信息是正确和完整的。

Parent/ Guardian Signature: _____ Date: _____
 家长/监护人签名 日期

For Official Use Only 校方专用

() Registration Fee 报名费: Cash 现金 \$_____ Check 支票 \$_____ (No. _____)

() Tuition 学费: Cash 现金 \$_____ Check 支票 \$_____ (No. _____)