

爾灣中文學校 2010/2011 學生註冊單
Irvine Chinese School 2010/2011 Registration Form

家庭代號 Family ID: _____

會員家庭資料 (Membership/Family Information)

父親姓名(中): _____ 母親姓名(中): _____
 Father's Name(英): _____ Mother's Name(英): _____
 手機(Cell Phone): _____ 手機(Cell Phone): _____
 電子郵件(Email): _____ 電子郵件(Email): _____
 住址(Home addr.): _____ 住宅電話(Home Tel): _____
 _____ 學生人數 # Student: _____

學生註冊資料 (Student Registration Information)

| 代號 ID | 學生姓名Name | | 出生日期 Birthday | 性別 Sex | 爾灣中文學校 Chinese School | |
|----------|------------|------------|------------------|-----------|-----------------------|--------------|
| | 中文 Chinese | 英文 English | | | 班級 Class | 選修課 Elective |
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以上所列新班級及選修課編班，係根據初步搜集之資料為準，如因特殊狀況，學校有權更改或不開班。
 Irvine Chinese School reserves the right to make any changes of classes if necessary.

爾灣中文學校(ICS) - 收費明細表 (Fees Detail)

| 學生姓名 Student Name | 註冊費 (Registration Fee) \$20.00 each | 教育費用 Tuition Fee \$450.00 each | 語文課學雜費 Lang Misc Fee \$25.00 each | 選修課費用 Elective Fee | 共計 Sub Total |
|----------------------|---|--------------------------------------|---|-----------------------|-----------------|
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第二位學生以上，每位二十元折扣 • \$20.00 discount each for 2nd Student and above:

Payment by Check only. Make check payable to SCCCA

爾灣中文學校 共計 ICS Total:

(Check # _____ Amount \$ _____; Amount Paid: _____)

家長會 PTO - 收費明細表 (Fees Detail)

家長會會費 PTO Due: 每位學生 (per student) \$15 :

本學年度服務保證金(This school year Service Deposit): 一位學生 one student \$100; 二位或以上 two or more students \$150 :
 Service Points required per school year- 20 points for one student. 30 points for two and above.

Room Parent Service is required at least once per child. \$30 fee incurred if failed.

家長會 共計 PTO Total :

(Check # _____ Amount \$ _____; Amount Paid: _____ * Make check payable to SCCCA

爾灣中文學校(ICS) / 文化協會(SCCCA): 會員費

FY2010會費(membership fee): 年度會費(Annual, per family) \$50 永久會員會費(lifetime) \$1,000
 (please select and mark one) 已是會員 (already a member) 不想參加 (not interested)

* Please refer to the attached membership policy for more info! 簽名(signature) _____ 日期 (Date) _____

如有特殊事故而無法與您取得連繫時，學校可將貴子女交由何人照顧? 請填寫兩位姓名及電話:

List two persons in the local area who can provide temporary care of your children in case you cannot be reached under emergency situation:

姓名 (Name): _____ (可填中文) 電話 (Phone): (_____) _____ - _____

姓名 (Name): _____ (可填中文) 電話 (Phone): (_____) _____ - _____

家長/監護人簽名 日期
 (Parent/Guardian Signature): _____ Date: _____

家長會: _____ 教務: _____ 選課: _____ 審核: _____ 財務: _____ 註冊: _____

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1. This policy applies to new and returning students who have completed the 2010/2011 school year registration procedure in Irvine Chinese School.
2. Requests through telephone, e-mail and fax are not acceptable.
3. The procedures for refund are as follows:
 - (a) Obtain Registration Refund Request Form from Registration Department or download the form from ICS website www.irvinechineseschool.org.
 - (b) Complete all required information on the form. Return the request form with a self addressed envelope to Registration for Processing. After Registration reviews, records and scans the request, the request is forwarded to Finance.
 - (c) Finance calculates refund. Refunds, including service deposit from PTO are mailed to the applicant in the self addressed envelope.
 - (d) Finance forwards the refund request to PTO for service deposit reconciliation.
4. The granted refunds will be mailed to the applicant within a month after the refund request is received.
5. Refund policy:
 - (1) Tuition and Material fee:
 - (a) No refund on registration fee.
 - (b) Apply within the first week after language class starts, receive 100% refund of tuition and elective fee. Upon returning the unused textbooks, receive 100% refund of material fee.
 - (c) Apply after the first week but before the first month after class starts, receive 75% refund of tuition and elective fee; after the first month but before the second month after class starts, receive 50% refund. No refund will be granted after the second month since class starts. No refund on material fee after the first week of class.
 - (2) PTO membership fee, service deposit and SCCCA membership fee:
 - (a) No refund on PTO membership fee and SCCCA membership fee after 4 weeks of school.
 - (b) Apply service deposit for withdrawal, **refund = earned service points x \$5.00** (not to exceed paid service deposit).
 - (c) Request for PTO service deposit refunds must be submitted to PTO within six months from the date of withdrawal or graduation. No refund request will be accepted after six months. Balance of service deposit will be deemed as a donation to PTO.

I have read and agree to the statement of the policy.

Parent/Guardian s Signature: _____

Name of Parent/Guardian (Please Print): _____



EMERGENCY CONTACT FORM

Family ID: _____

Student's Name: _____

Class: _____

Birth Date: ____ / ____ / ____

Student's Name: _____

Class: _____

Birth Date: ____ / ____ / ____

Student's Name: _____

Class: _____

Birth Date: ____ / ____ / ____

Address: _____

City: _____

CA Zip: _____

PARENT CONTACT INFORMATION:

Name: _____ Relationship to Student : _____

Emergency Day/Work Phone (_____) _____ Home Phone (_____) _____

Alternate Work/Cell # (_____) _____ Email : _____

Parents are called if the child demonstrates signs of illness or injury suggesting a doctor's attention. Should parents be unreachable or in case of an emergency, children will be transported by paramedics to the nearest hospital.

ALLERGIES (Medical, Food, Environment, etc.) and Health Concerns: _____

(in case of more than one student, please specify the student name associate with allergies.)

Does your child have updated immunization? Yes No

Pediatrician: _____ Phone (_____) _____ Med. Plan# _____

Address: _____ City: _____ Zip _____

Individuals (must be at least 18 years of age) to call in case Parents cannot be reached :

| Name | Daytime Phone | Address | Relationship |
|----------|---------------|---------|--------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

OUT-OF-STATE Disaster Preparedness Contact Person:

Name: _____ Phone:(_____) _____ Relationship: _____

(please continue to next page)

MEDICAL/PHOTO RELEASE AND LIABILITY WAIVER FORM

PERMISSION TO OBTAIN MEDICAL TREATMENT:

I, the undersigned, give the staff of SCCCA/Irvine Chinese School or the individuals listed above permission to obtain whatever medical attention is needed, including emergency care and paramedics, for my child should I be absent. I assume full financial responsibility for all medical expenses incurred.

Parent Signature: _____ **Date:** _____

PHOTOGRAPH/VIDEO RELEASE STATEMENT:

I, the undersigned, hereby grant permission to SCCCA/Irvine Chinese School the right to use and copyright photographs/videos of my child without restriction for any purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge SCCCA/Irvine Chinese School from any and all claims and demands arising out of or in connection with the use of the photographs/videos, including any and all claims for libel.

Parent Signature: _____ **Date:** _____

LIABILITY WAIVER:

I, the undersigned, hereby release SCCCA/Irvine Chinese School or their association (including but not limited to staffs, teachers, and volunteers) from any and all liability arising from the participation of SCCCA/Irvine Chinese School program/activity. I understand that SCCCA/Irvine Chinese School, are not obligated to provide medical insurance for the participants. In case of emergency, I consent that SCCCA/Irvine Chinese School associates seek for medical assistance for my necessary and notify the undersigned.

Parent Signature: _____ **Date:** _____



SCCCA/ICS Membership Information:

I. Membership Requirement:

- a. Annual membership fee: (July 1 - June 30) Not Prorated
- b. Membership applications are subject to a review and approval process consistent with our bylaws;
Membership shall not be effective until formally approved by the Board of SCCCA.
- c. Family membership includes their minor children.

II. Membership Rights and Benefits:

- a. Right to vote in election of Board of Directors
- b. Right to be a candidate for Board of Directors
- c. Discounts for using facilities in the Center
- d. Priority in sign up for programs sponsored by the Center

III. Membership Fees :

- a. Individual/Family \$50
 - b. Lifetime \$1,000
- Please make check payable to: SCCCA

SCCCA/ICS 會員須知:

I. 會員條件

- a. 繳一年會員會費 (七月一日至六月三十日, 不按月比例收費)
- b. 會員資格申請遵照會章所制定的審核和同意的程序;
會員資格必須經SCCCA理事會正式通過後才會生效。
- c. 家庭會員包括會員和他們的未成年子女。

II. 會員權利和優惠

- a. 有投票選舉理事的權利
- b. 有成為理事候選人的資格
- c. 會員使用文化中心場地的費用可享有優待
- d. 會員可優先參與文化中心贊助的活動

III. 會員會費

- a. 個人/家庭 \$50
 - b. 永久 \$1,000
- 支票抬頭請寫: SCCCA