**三 鎮 中 文 學 校 註 冊 單**

Tri -Cities Chinese Language School Registration Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Student** **Chinese Name****中文姓名** | **Student** **English Name****英文姓名** | **Gender****性別** | **Date of Birth****出生年月日** | **Chinese Class****中文班級** | **English Grade****英文年級** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Info**家庭資料 | **Chinese Name**中文姓名 | **English Name**英文姓名 | **Language At Home**家庭使用語言 |
| **Father/父親** |  |  |  |
| **Mother/ 母親** |  |  |  |
| **Home Address/**家庭地址 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Phone**家庭電話 | **Email Address**電郵地址 | **Emergency Phone** 緊急電話 | **Doctor’s Phone**醫生電話 | **Preferred Communication****喜歡的通訊方式** |
|  |  |  |  | Email 電郵 / Phone 電話 Text / Webchat  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Amount** |  | **Number** |  | **Subtotal** |
| **Registration****Fall** | Regular Student | $170.00 | x |  | = | $ |
| Family Member(s)  | $160.00 | x |  | = | $ |
| **Donation** | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name) | $ | = | $ |
| **Fall Total** | Check No: \_\_ \_\_ Cash \_\_\_\_\_\_\_\_ |  |  | $ |
|  |
| **Registration****Spring** | Regular Student | $170.00 | x |  | = | $ |
| Family Member(s)  | $160.00 | x |  | = | $ |
| **Donation** | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name) | $ | = | $ |
| **Spring Total** | Check No: \_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_ |  |  | $ |
| **Registration fee includes: tuition, books, and class materials. \*\*\* Check payable to: TCCLS**Tuition refund: withdraw before the 2nd week of each semester, refund 70%; no refunding after the 2nd week 。 |

### PARENT’S PERMISSION / RELEASE STATEMENT

I/We the parent(s)/guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, applicant of the Tri-Cities Chinese Language School (TCCLS), hereby given my/our consent to his/her being given a physical exam or emergency treatment by a physician or hospital in case of an emergency and to his/her participation in any and all activities sponsored by this school. I/We assume all risks and hazards incident to such participation including transportation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the TCCLS, the organizers, sponsors, teachers, participants, staff and persons transporting my/our child(ren) to and from activities from any claims arising out of injury to my/our child(ren).

**SIGNATURE：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE：\_\_\_\_ \_\_\_**

**PHOTO RELEASE PERMISSION SLIP**

As the parent(s)/guardian(s) of the student(s), I/We hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes ( via TCCLS school website only) . I/We do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

**\_\_\_\_** Yes, I/We give consent for TCCLS to photograph my/our child(ren) for school purposes and/or at school events.

\_\_\_ No, I/We do not authorize TCCLS to photograph for my/our child(ren) for any event.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please mail this form with your payment to: TCCLS P.O. BOX 1664, RICHLAND WA 99352**

**TCCLS is a non-profit organization that has been providing equal opportunity education since 1978**

**For school Official use only:**

NEW GRADE /TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT TOTAL (Fall): \_\_\_\_ \_\_\_\_\_ PAYMENT TOTAL (Spring): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_