



**Kwong Kow Chinese School**

**中華廣教學校**

87 Tyler Street  
Boston, MA 02111  
(617) 426-6716  
(617) 678-3210

**KKCS Spring 2012 Weekend Program Registration Form**

**KKCS 2012春季周末班報名表**

您所選擇的課程 Courses You have Selected:

課程1 Course 1 : _____	課程費用 Tuition : _____
課程2 Course 2 : _____	課程費用 Tuition : _____
課程3 Course 3 : _____	課程費用 Tuition : _____

以下欄由學校填寫 For Office Use Only

收費 Payments : \$ \_\_\_\_\_ 經手人 Receiver \_\_\_\_\_ 簽名 Signature \_\_\_\_\_ 支票 Check No.: \_\_\_\_\_

學生姓名 Student Name: (中文 Chinese) \_\_\_\_\_ (英文 English) \_\_\_\_\_

廣教學生的以下信息資料沒有變化 Current KKCS student: the information below has not changed.

出生日期 Date of Birth: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_ 性別 Gender: \_\_\_\_\_ 家長姓名 Parent's Name: \_\_\_\_\_

學生地址 Address :

街道 Street: \_\_\_\_\_ 城市 City: \_\_\_\_\_ 州 State: \_\_\_\_\_ 郵編 Zip code: \_\_\_\_\_

電郵 Email: \_\_\_\_\_ 電話 Tel. Number: \_\_\_\_\_

學校名稱 Name of School: \_\_\_\_\_ 學校城市 City of School \_\_\_\_\_ 學校年級 School Grade: \_\_\_\_\_

我的子女從廣教學校下課後: After school, my child will...

\_\_\_\_\_ 由家長接放學 be picked-up by parent \_\_\_\_\_ 可以自己步行回家 walk home by him/herself.

\_\_\_\_\_ 其它 Other (說明 Describe: \_\_\_\_\_)

I give my permission to the following people to pick up my child at the end of the day.

我允許下列的家人或朋友下課後為我接我的子女。

1. 姓名 Name: \_\_\_\_\_ 关系 Relationship: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone: \_\_\_\_\_

2. 姓名 Name: \_\_\_\_\_ 关系 Relationship: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone: \_\_\_\_\_

**ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.** 如以上接送計劃有更改, 請貴家長書面通知學校。此許可書一學年內有效。

**家長及監護人申明 (Parent/Guardian Permission)**

作為家長及監護人, 我本人願意為孩子註冊中華廣教學校舉辦的室內外課程及活動。我理解、同意并遵守學校制訂的規章制度。若有意外事故發生, 我將不追究中華廣教學校任何法律責任。在緊急情況下, 本人願意允許學校將我的孩子送到醫院急症室進行治療。

As a parent or legal guardian, I give permission for the registrant to participate in all activities and off-site trips conducted by KKCS. I understand and agree to cooperate with all regulations. I hereby release and discharge the Kwong Kow Chinese School and its officers, employees, agents, and volunteers from any and all claims for accidents during the program.

In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

家長簽名 Parent/Guardian Signature: \_\_\_\_\_ 日期 Date \_\_\_\_\_



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## First Aid and Emergency Medical Care Consent Form

急救和緊急醫療同意書

學生姓名 Student Name: (中文 Chinese) \_\_\_\_\_ (英文 English) \_\_\_\_\_

出生日期 Date of Birth: \_\_\_\_\_

In case of emergency, I give permission to Kwong Kow Chinese School to administer first aid or send my child to the emergency room for treatment. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.  **Current KKCS student: emergency contact information has not changed.**

在緊急情況下,本人允許學校將我的孩子送到醫院急症室進行治療。 **廣教學生的以下信息資料沒有變化**

醫生姓名 Child's Physician Name: \_\_\_\_\_

地址 Address: \_\_\_\_\_

電話 Phone Number: \_\_\_\_\_

Child's Allergies: 我的孩子對 \_\_\_\_\_ 過敏

Other Health Conditions:

其它健康狀況: \_\_\_\_\_

### 緊急聯絡人 Emergency Contacts:

1. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

与家庭地址一样 Same as Home Address:

Do you give permission for child to be released to this person? Yes No

2. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

与家庭地址一样 Same as Home Address:

Do you give permission for child to be released to this person? Yes No

3. 緊急聯絡人姓名 Name: \_\_\_\_\_ 關係 Relationship to Child: \_\_\_\_\_

地址 Address: \_\_\_\_\_ 電話 Phone #: \_\_\_\_\_

与家庭地址一样 Same as Home Address:

Do you give permission for child to be released to this person? Yes No

### Documentation of School Health Requirements

就读学校名称 Current School: \_\_\_\_\_

就读学校地址 School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

按照公立學校的衛生要求,我保證檢查身體和打預防針的記錄文件已存放在英文學校。

家長或監護人簽名 Parent/Guardian's Signature: \_\_\_\_\_

家長簽名 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_