

晓市顿华人浸信会中文学校
Chinese Baptist Church Chinese School
报名表 REGISTRATION FORM
For the academic year 20_____ to 20_____

(一) 学生资料 (Information of Student)

中文名 Chinese name: _____ 出生日期 DOB: _____ (mm/dd/yyyy)

英文姓 Last name: _____ 名 First name: _____ 性别 Sex: () M () F

住址 Address: _____

报读中文学校级别 Grade level of Cantonese class applied for: _____

学生能否听讲中文? Does the student understand Chinese? () 能够 Yes () 不能 No

(二) 家长/监护人资料(Information of Parents/Guardians)

| 父亲/监护人(Father/Guardian) | 母亲/监护人(Mother/Guardian) |
|--------------------------------|--------------------------------|
| Name: _____ | Name: _____ |
| Phone: _____ | Phone: _____ |
| E-mail: _____ | E-mail: _____ |
| Religion: _____ | Religion: _____ |

主要联络人 Primary Contact:

() 父亲 Father () 母亲 Mother () 其他 Other _____

沟通方式 Method(s) you accept: () WhatsApp () SMS Text () Phone Call

注：若学生无故缺席，校务处可能会致电或短讯给学生的联络人。When a student is absent without notification, school office staff will call or text the contact.

请覆核学生的中英名字，和联络人的姓名、电话，与电邮无误。Make sure the students' names (Chinese and English names) are accurate, and verify the contact' names, phone numbers, and email addresses.

Initial _____ **Date:** _____

(三) 报名程序及 Procedures of Registration

上课时间是 1:30—3:45 PM，在开学日 1:15 PM 开始接受报名。We welcome applications on School Opening Day. Class time is from 1:30 to 3:45 PM. Please come 15 minutes early for registration.

年度学费包括秋季和春季课程，支票或现金均可，支票抬头：CBC。学费恕不退还。若要试课，每堂 \$10。Annual tuition includes Fall and Spring semesters. Check payable to CBC or cash. Non-refundable. Trial lessons cost \$10 each.

请带同报名表、学费，到中文学校校务处报名，报名时家长需要替子女签阅医疗免责声明。Please bring application form and tuition to the Chinese School Office. During the registration, parents should read and sign the “Consent / Medical Release Form” for the children.

晓市顿华人浸信会 Chinese Baptist Church: 900 Brogden Road, Houston, TX 77024

中文学校校务部 Chinese School: Side building of CBC Church, Second Floor

cbcchinesesch@gmail.com

(713) 461-0963

<http://www.cbchouston.org/chschoolch.html>

****** Completed by the school office******

Assigned class: _____ Date of enrollment: _____

Payment: \$ _____ () Cash () Check No. _____

() Signed Consent / Medical Release Form () Presented Calendar and Parents' Regulation

CONSENT / MEDICAL RELEASE FORM

Name _____ Date of Birth _____ (mm/dd/yyyy)

Home Address _____ Grade level in Chi School _____

Allergies or any health conditions: _____

To whom it may concern:

We/I, the undersigned, do hereby give permission for our/my child, _____ to attend and participate in all Chinese School activities sponsored by Chinese Baptist Church during the school year of **20**_____ **to 20**_____.

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist on the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We/I, the undersigned, do also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Chinese Baptist Church.

() (Initial _____) also by registering, we/I consent for our/my family and us/me to be photographed, audio, and/or videotapes, as the event is documented and to the possible use of those photos, audio, and/or videotapes by Chinese Baptist Church or CBC Chinese School.

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| In case of emergency, please contact: Name _____ Phone _____ Hospital insurance: Yes / No Insurance company _____ Policy number _____ | _____ Parent/Guardian Date: _____ Parent/Guardian Date: |
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