

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	\$400.00	x		=	\$
	Family Member(s)	\$390.00	x		=	\$
Donation	From: _____ (Print Name)	\$			=	\$
Fall Total	Check No: _____ Cash _____					\$
Registration Spring	Regular Student	\$400.00	x		=	\$
	Family Member(s)	\$390.00	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 refund 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, staffs 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 my/our child(ren) for any events.

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 officials use only:

NEW GRADE /TEACHER _____

PAYMENT TOTAL (Fall): _____ PAYMENT TOTAL (Spring): _____