

註冊表格

Fall 2011

Registration Form

Contact Info is New / Old



紐澤西州華人協誼會
華協中文學校
Chinese Language School
Grace Lutheran Church
925 Fifth Avenue
River Edge, NJ 07661
www.ccnj888.org
cccnj888@gmail.com
Tel: (201) 383-5891

	Last name, First name (English)		Occupation (Optional)		Email:	
父親姓名 Father:		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
母親姓名 Mother:		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
地址 Address:						<input type="checkbox"/> Y <input type="checkbox"/> N
電話 Phone (H):		<input type="checkbox"/> Y <input type="checkbox"/> N	Dad Cell	<input type="checkbox"/> Y <input type="checkbox"/> N	Mom Cell	<input type="checkbox"/> Y <input type="checkbox"/> N
Please circle Y or N to permit or not permit the contact info above to be published in the school directory						
	學生姓名(中文) Student's Name (Chinese)	(English) Last name, First name	出生日期 Date of Birth	級別 Class	學費(一學期) Tuition/Semester	
1					\$220.00	
2					\$220.00	
3					\$180.00	
4					\$180.00	
IMPORTANT NOTE: **DO NOT SEND FORM & CHECK TO THE CHURCH. PLEASE MAIL TO: CCCNJ c/o Howard Sigman 557 Edmund Terrace Paramus, NJ 07652		學費總計 Total Tuition				
		會員費 CCCNJ Membership Per Family (\$20 annual)			\$20.00	
		Non-refundable Registration Fee Per Family (\$30 annual)			\$30.00	
		Refundable Parent Duty Fee (\$20 per semester)			\$20.00	
		總數 Total				
		(請在支票抬頭填上 CCCNJ) 支票號碼 (Please make check payable to CCCNJ) Check #				

本人同意於學年中引起之法律問題，放棄一切對華協中文學校之賠償權利。身為學童之家長/監護人，本人將全權負責學生於授課時間內引起之意外受傷或身體不適，本人同意絕對不會對其導師或行政人員之法律責任提出控訴。The undersigned agrees to waiver any claims against the Chinese Community Center of New Jersey, Inc.'s Chinese Language School at the Grace Lutheran Church at 925 Fifth Avenue in River Edge, during any school session. I, as a parent or guardian of my child(ren) attending the Chinese Language School, will take responsibility of any accidental injury or health care during school hours inside and out of the Grace Lutheran Church, and I fully understand that I shall not file any claims against the Chinese Community Center of New Jersey, Inc. or Grace Lutheran Church or any administrative personnel in an accidental injury.

日期 (Date): _____ 家長/監護人簽署 (Parent's/Guardian's Signature): _____

