

# 註冊表格

## Spring 2019 Registration Form



紐澤西州華人協誼  
會華協中文學校

**Chinese Language School**

Good Shepherd Lutheran Church

233 S. Highwood Ave., Glen Rock, NJ 07452

www.ccnj888.org

cccnj888@gmail.com

Tel: (201) 383-5891

	Last name, First name (English)		電話: Phone number during school hours	Email: Used for Newsletters and Updates Please indicate which email to use for Evites "E"	
父親姓名 Father:					
母親姓名 Mother:					
地址 Address:					
<b>Fill in your contact and address information only if it has changed since the Fall registration.</b>					
#	學生姓名 (中文) Student's Name (in Chinese)	(English) Last name, First name	出生日期 Date of Birth	級別 Class	學費 (一學期) Tuition/Semester
1					<b>\$280</b> by 1/21 <b>\$260</b>
2					<b>\$280</b> by 1/21 <b>\$260</b>
3					<b>\$240.00</b> (3 <sup>rd</sup> + child, by 1/21 \$220)
4					<b>\$240.00</b> (Mandarin only)
5					
<b>IMPORTANT NOTE:</b> <b>**DO NOT MAIL FORM &amp; CHECK TO THE CHURCH.</b> <b>PLEASE MAIL TO:</b>  <b>CCCNJ</b> <b>P.O. Box 8083</b> <b>Paramus, NJ 07652-8083</b>			學費總計 <b>Total Tuition</b>		
			School Yearbook (\$25) Qty: _____		
			<b>New Families (ONLY) in Spring:</b> <b>Non-refundable Registration Fee Per Family (\$15)</b> <b>會員費 CCCNJ Membership Per Family (\$25)</b>		
			總數 <b>Total</b>		
			(請在支票抬頭填上 <b>CCCNJ</b> ) <b>(Please make check payable to CCCNJ)</b>		支票號碼 <b>Check #</b>

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(包括CCCNJ & Good Shepherd Lutheran Church 在內)之法律責任提出控訴。The undersigned agrees to waive any claims against the Chinese Community Center of New Jersey, Inc.'s Chinese Language School at the Good Shepherd Lutheran Church at 233 S. Highwood Ave. in Glen Rock, 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 Good Shepherd Lutheran Church. I fully understand that I shall not file any claims against the Chinese Community Center of New Jersey, Inc. or Good Shepherd Lutheran Church or any administrative personnel for any accidental injury.

日期:  
Date: \_\_\_\_\_

家長 / 監護人簽署:  
Parent's / Guardian's Signature: \_\_\_\_\_

