

Milpitas Community Chinese School 仁愛中文學校

P.O. Box 361856, Milpitas, CA 95036-1856 Telephone (408) 849-9421 Website: www.mccs-usa.org E-mail: info@mccs-usa.org

2010-11 Cultural Class Registration Form 文化班註冊表

Cultural Class Fee: \$160 + Non-Refundable Materials Fee (To be determined and due on 1st day of culture class)

請正確填寫此註冊表, 支票抬頭請開"MCSS", 支票請填寫學生姓名及簽名.

註冊日期: 二零一零年三月六日開始至二零一零年五月二十九日

Please complete this form. Make check payable to "MCSS". Write student's name on check and sign check.

Registration starts March 6, 2010 and ends May 29, 2010.

最低開班人數為八人, 若少於此數, 將不開班, 支票將退回註冊者。

Minimum number of students for Cultural Class is 8. Class will be cancelled if enrollment number falls below the minimum. Check will be returned to parents.

中文姓名	Last Name	First Name	Sex	Birthday (Mo/Day/Yr)
Street Address			City	CA Zip Code Phone Number

第一選擇 First Choice	課名 Course Name	第二選擇 Second Choice	課名 Course Name

Classes for Students - class hour: 11:40am-12:30pm

- Mental Math 珠心算
- Arts & Crafts 美術及手工藝
- Brush Calligraphy 毛筆書法
- Chinese History & Culture 中國歷史及文化
- Chinese Traditional Games 中國傳統遊戲

Class for Parents - class hour to be announced

- Brush Calligraphy 毛筆書法
- Tai Chi 太極 (class offered by Larry Young, pls. call (408)946-0992)
- Line Dance 行舞

***Pls. refer to the school calendar for the 1st day of culture class.**

Emergency Contact: Doctor's Name: _____ Phone: (____) _____

Address: _____

Primary Contact Name : _____ Phone: (____) _____

Secondary Contact Name: _____ Phone: (____) _____

____ Initial **Code of Conduct 遵守校規:** My child and I agree to abide by the MCCS code of conduct.

____ Initial **Emergency Contact 緊急聯絡:** I hereby give my consent, in an emergency, for the school to call my child's doctor. If the doctor on file cannot be reached, the school is authorized to take my child to the nearest emergency aid station by ambulance for necessary care. If my child needs to be sent home and I cannot be reached, the school is authorized to contact either of the two contacts given above. I understand that it is my responsibility to notify the school of any change in the above information.

I, the undersigned parent/guardian, have read the above. Also, I do hereby agree to indemnify and hold harmless the Milpitas Community Chinese School, its officials, and all sponsors of the program from and against any and all liability for any injury which may be suffered by the aforementioned individual(s) arising out of or of or in any way connected with his or her participation in the school activities.

By enrolling my child in the school, as the parent/guardian, I release the Milpitas Community Chinese School from all liability to the student during the school year.

OFFICE USE ONLY	
<input type="checkbox"/> Check# _____	
<input type="checkbox"/> Cultural \$ _____	
<input type="checkbox"/> Late _____	
Initial _____	Date _____
Class _____	

**Enrollment is on first come first serve basis.
Return Check Fee: \$35**

務請簽名 Please Sign!

Name of Parent or Guardian 家長或監護人姓名	Signature 簽名
Email 電子郵址	Date 日期