

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 Registration Form 入學註冊表

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

Please complete this form. Make check payable to "MCSS". Write student's name on check and sign check. **Registration starts March 6, 2010.**

School Fees \$325 (Register by May 8) \$340 (Register after May 8)

Grade applying for :

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

- | | |
|---|---|
| <input type="checkbox"/> Pre K 學前班(廣東話) | <input type="checkbox"/> K 幼稚園(廣東話) |
| <input type="checkbox"/> CSL-Mandarin Adult | <input type="checkbox"/> CSL-Mandarin Level 1 |
| <input type="checkbox"/> CSL-Mandarin Level 2 | <input type="checkbox"/> CSL-Mandarin Level 3 |
| <input type="checkbox"/> 1st 一年班(廣東話) | <input type="checkbox"/> 2nd 二年班(廣東話) |
| <input type="checkbox"/> 3rd 三年班(廣東話)+\$16 字典 | <input type="checkbox"/> 4th 四年班(廣東話) |
| <input type="checkbox"/> 5th 五年班(廣東話) | <input type="checkbox"/> 6th 六年班(廣東話) |
| <input type="checkbox"/> 7th 七年班(廣東話)+漢語拼音+\$20 CD/字典 | |
| <input type="checkbox"/> 8th 八年班(廣東話)+漢語拼音 | <input type="checkbox"/> 9th 九年班(廣東話)+漢語拼音 |
| <input type="checkbox"/> 10th 十年班(廣東話)+漢語拼音 | |

Any siblings in MCSS 有否兄弟姊妹就讀於本校? No Yes, Name _____ Class _____

父親姓名: _____ Father's Name in English: _____ Phone 電話: () _____

母親姓名: _____ Mother's Name in English: _____ Phone 電話: () _____

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

1st Contact Name : _____ Phone: _____ 2nd Contact Name : _____ Phone: () _____

Language spoken at home 家中使用語言 (Check all that apply 請選所有適當項目)

- English 英語 Cantonese 粵語 Putonghua 普通話 Vietnamese 越南語 Other 其他 (Specify 請註明): _____

Mandatory Parent Service 家長服務: (Excluding Room Parent of the Day duty 不包括值日家長服務)

This service is required for ALL families. Please select one or more. 所有家庭必須參與, 請選一項或以上。

- Curriculum 課程 Fundraising 籌款 Yearbook 年刊 Gift Coupon 禮券計劃 Activities/Events 活動
 Registration 註冊 Office work 校務 Marketing 市場推廣 Room Parent Rep 班代表
 A fee of \$60 per student or \$100 per family can be paid to be excused from this mandatory participation.

How did you hear about us? 你是如何知悉我們? Newspaper 報紙 Website 網站 Friend 朋友 Others 其他 (Specify 請註明) _____

____ (Initial) Each year the school takes class pictures and school events that could include your child. Those pictures could get published in the school yearbook, newspaper, and/or our school website. I give the school permission to publish those photos that include my child.

____ (Initial) Code of Conduct 遵守校規: My child and I agree to abide by the MCSS 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.

____ (Initial) Waiver of Liability: I consent to the above named person(s) participating in any Association of Northern California Chinese Schools (ANCCS) activity, hosted by Milpitas Community Chinese School and agree on behalf of said person(s) and the undersigned that we assume the risk of accident or injuries sustained from whatever cause in connection therewith and release ANCCS, Milpitas Community Chinese School and Santa Clara school district, its board members, officers, staff, agents, volunteers, employees and associates from any liability from any such accident or injury. I understand that it is my responsibility to notify the school of any change in the above information.

____ (Initial) **Participation Agreement:** In consideration of myself or my child participating in the programs of the ANCCS, I agree on behalf of myself and my child to assume all risks of injury to my child and to waive all claims, actions, and damages against the ANCCS. I further agree not to sue the ANCCS, its staff, board members, volunteers, officers, directors, employees, agents or assigns of any claims arising out of participation in the ANCCS programs, the actions of the school district or youth groups' employees, officers, or agents, or the actions of the program participants.

I, the undersigned parent/guardian, have read the above and understand that I will serve as Room Parent in each of my children's class. 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 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.

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

Read
Parent Guideline
Initial _____

**務請簽名
Please Sign!**

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

Email 電子郵件

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