東灣中文學校 East Bay Chinese School

New Pre-K EARLY / 新生, 學前班 (早)

2020-21

P.O. Box 5645, Berkeley, CA 94705 Tel: 510 982-1981

我同意校方 publications 父母或監護人 費用/班級 新生註册费,7 新生家長服務 school year). 整學年學費,1 書本/教材費,	务保證金(每家不論多 · Full school year tuiti	ent registration fee per student 少學生註冊). Family service de on Fee (PK=\$0)	eposit per fam	nily (refund request expir	res 1 year from last day of ac	ademic	\$ 80 \$ 455 \$ 0
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我同意校方作 publications 父母或監護人	,	<i>J</i> ,					
我同意校方的 publications	.簽名(Parent/Guard	,					
我同意校方		dian signature)			日期(Date): _		
	使用孩子在参加字校有: s and social media.	_	Permission to E	_boo to use priotographs 0		^_	
		ish to be added to the EBCS Stude 关活动时拍摄的相片或录像。I give	•	ERCS to use photographs of	f my child(ren) for EBCS related	× —	
for late after	r school pick-up (\$30 fo Students not enrolled in	r first 15 minutes) from, e.g. 12:00 culture class must be pick up by 1	to 12:15 pm or 1 2:00 pm otherw	1:00 to 1:15 pm (Culture cla	ss days), and \$1.00 per minute		
		到接孩子·学校将收取每分钟 \$1的 30/15 分鍾). 不參加文化課程的學 生				x	
		球但無法保證註冊名額. The schoo		,	to start of the flew school year.		
		and promise to fully adhere to it. 課為準. Actual enrollment will be do	etermined bess	d on Course availability at th	ne start of the new sekeel year	^_	
我已詳細讀	過東灣中文學校家長義	<i>,</i> 務服務守則, 我明白并答應遵守行為	守則所有事項.	I have carefully read, and u	nderstood the East Bay Chinese		
	過東灣中文學校家長守身 dlines and promise to fu	則, 我明白并答應遵守行為守則所有 llv adhere to it	事項. I have ca	arefully read, and understoo	d the East Bay Chinese School	x	
		為守則, 我明白并答應負責監督學生 Guidelines and promise to supervis			ad, and understood the East Bay	x	
student's pa	arents/guardians/emerg	ency contact persons listed above ble in the case of accidents or injur	are unable to re				
如發生意外,	, 在家長(監護人)及緊急	聯絡人都無法聯絡到的情況下, 本人 擔者. I give my permission to the s				x	
^번 受權 Authoi							
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堅急聯絡人!		ie t act: (不包括傢長 Other than					
母親Mother		English Name:					
		ne:					
父親Father:		English Name:					
	Address:						
家庭電話	Phone:						
家庭資料 S	Student Family	· Information: (每家只	每家只需填寫一份 Needed one per family)		家庭號碼 Family ID:		
醫療保險 Medical Insurance: 公司名Insurance Company:							
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安庭殿生 Far		姓名Name:		雲託Phone:			
		ledical Insurance Informat			。一度不品,E—Eligilott,O—C	other opec	ined)
學生醫療係		F=Female, 男/M=Male) at home:					
家中主要語言 學生醫療係					First:		
性別 Sex: 家中主要語言 學生醫療例	中文名:	Fnalish	學生號碼Student ID:				