

莘莘中文學校

United Chinese Learning Center

2022 Summer Program Registration Form 暑期班註冊單

6931 Edinger Ave, Huntington Beach, CA 92647

714-841-7587 Email: office@uclchb.org Website: www.uclchb.org

06/27/2022 - 08/19/2022 (8 Weeks)

Student Information (One Family Per Form)

Chinese Name	English Name (Last, First)	Birth Date mm/dd/yyyy	Gender	Grade in 2022 Fall

Wk1 Wk2 Wk3 Wk4 Wk5 Wk6 Wk7 Wk8
 6/27 -7/1 7/5 -7/8 7/11 -7/15 7/18 -7/22 7/25 -7/29 8/1 -8/5 8/8 - 8/12 8/15 - 8/19

*Please circle weeks attending

Level 1 to Level 5 :

Morning Program (M-F) 9:00am-12:00pm \$150.00 per week \$ _____
 Afternoon Program (M-F) 1:30pm- 4:30pm \$150.00 per week \$ _____
 Full Day Program (M-F) 9:00am- 4:30pm \$300.00 per week \$ _____
K and Pre-K Program (M-F)9:00am -12:00pm \$160.00 per week \$ _____

Material Fee \$10.00 \$ _____
 New Student Registration Fee \$20.00 \$ _____
 Sibling Discount \$20 for each additional child enrolled \$ < >
 Week 2 Discount \$30 (No class on 7/4) \$ < >
 Early Bird Discount \$30 for enrollment before 4/30 \$ < >

Elective Class: 4:30pm to 5:30pm: (tentative, will keep updating)

Monday : Table Tennis \$120 /8 weeks \$ _____
 Wednesday: Chinese Calligraphy \$120 /8 weeks \$ _____
 Friday: Chinese Chess \$120 /8 weeks \$ _____

Please make check payable to : UCLC Total Tuition \$ _____

Amount Paid: _____ Check #: _____ Date: _____ Received by _____

Family Information

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Home Address _____

E-Mail: (Please print clearly) _____

Name of Emergency Contact _____

Relationship: _____ Phone _____

Family Doctor _____ Phone _____

To Parents/Guardian

Drop-off: Morning drop off starts at 8:30am

Pick-up:

***Morning Class** ends at 12:00pm. Students need to be picked up by 12:15pm.

***Afternoon Class** ends at 4:30pm. Students need to be picked up by 5:00pm.

***Elective Class** ends at 5:30pm. Students need to be picked up by 5:45pm.

* Please specify if your child has any known food allergies or dietary restrictions:

*I give permission to UCLC authorized personnel to administer basic first aid to the student as appropriate. I also give permission to UCLC authorized personnel to arrange transportation for the student in case of accident or acute illness and to arrange for medical care at the closest hospital in case of emergency. I understand that an effort will be made to notify me before such action is taken.

* I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in social media published by UCLC.

[] Please check box if you do not want your child's picture showed on media published by UCLC.

Signed by Parent/Guardian : _____ Date: _____