**莘莘中文學校**

 **United Chinese Learning Center**

**2024 Spring Registration Form (1/29/2024– 6/8/2024)**

**School Address: 6931 Edinger Ave. Huntington Beach, CA 92647**

 **Mailing Address: P. O. Box 3118, Huntington Beach , CA 92605-3118**

**714-841-7587 714-362-4616 Email:** **office@uclchb.org** **Website: www.uclchb.org** **Student Information (One family per form)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chinese Name | English Name (Last, First) |  Birth Date  mm/dd/yyyy | Gender | Grade/school  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Tuition for Weekday Mandarin Program每日中文班學費**

M T W 3-Day Program 3:30pm-5:30pm 每日班三天 **$ 850.00 \_\_\_\_\_\_\_\_\_** M T 2-Day Program 3:30pm-5:30pm 每日班兩天  **$ 650.00 \_\_\_\_\_\_\_\_\_**

**Tuition for Weekend Mandarin Program周末中文班學費**

Saturday Kinder (4-5.5yrs) 9:00 am-12:00pm  **$ 500.00** **\_\_\_\_\_\_\_\_\_**

Saturday Level 1-5 9:00 am-12:00pm  **$ 500.00 \_\_\_\_\_\_\_\_\_**

High School Credit Class Sat 9-12 and W 3:30-5:30  **$ 850.00** **\_\_\_\_\_\_\_\_\_**

Textbook and Material Fee 書本及材料費  **$ 10.00** per student **\_\_\_\_\_\_\_\_\_**

New Student Registration Fee 新生註冊費 **$ 20.00** per family **\_\_\_\_\_\_\_\_\_**

Sibling Discount: ( $20 for each additional child ) Less:  \_\_\_\_\_\_\_\_\_

**Saturday Elective Class:**

Adult Conversational Class Saturday 9:30am-11:30pm **$400.00** \_\_\_\_\_\_\_\_

 **Grand Total ===========**

**Please make check payable to : U.C.L.C.**

For Office Use: Fee Paid: $\_\_\_\_\_\_\_\_\_\_ Ck #\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Received By\_\_\_\_\_\_\_\_\_

 **Family Information家庭資料**

 Father’s Name父親 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother’s Name母親 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: (Please print clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact緊急聯絡人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone電話\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship關係:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor家庭醫生\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 電話\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **To Parents/Guardian**

**\*** Pease 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.

**\*** In case of illness or accidents, UCLC is not responsible for medical and other expenses incurred. I hereby waive any claim against UCLC for the illness, accident or injury that may occur as a result of my child’s participation in UCLC’s program.

**\*** I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in its websites or other 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家長簽名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date日期:\_\_\_\_\_\_\_\_\_\_\_\_\_

**UCLC** Office : 714-841-7587 Principal Luo 羅校長: 714-362-4616

office@uclchb.org meitaurmft@gmail.com