2018 Summer Program Registration Form

Summer

WALNUT CHINESE LANGUAGE CENTER

20850 Carrey Rd., Walnut 909-594-8880

學生資料 **Student Information**

姓名(CHINESE)	英文(ENGLISH)	生日(DOB)	性別 M/F	中文程度(CHINESE PROFICIENCY)
1				未讀過__ 選讀注音__ 拼音__ 繁__ 簡__ 已讀完華語 、美洲或 第 冊
2				未讀過__ 選讀注音__ 拼音__ 繁__ 簡__ 已讀完華語 、美洲或 第 冊
3				未讀過__ 選讀注音__ 拼音__ 繁__ 簡__ 已讀完華語 、美洲或 第 冊

母語**(Native Language):** __國語 **Mandarin** __台語 **Taiwanese** __粵語 **Cantonese** __ 英語 **English** __ 其他 **Other**

目前就讀學校(School)**:** 年級(Grade , August 2018): _____

住址 **Address** _____

	Name	**Relation**	**Phone 1 (Home)**	**Phone 2 (Office/Cell)**	**E-mail**
Parent/ Guardian					
Emergency Contact					

Day Enrollment：Whole Day _____ Morning_____ Afternoon _____

Number of weeks：___9weeks, ___8weeks, or____ weeks, Circle：the 1 2 3 4 5 6 7 8 9 week

Lunch (Friday only) : ____ Fridays, Circle：the 1 2 4 5 6 7 8 9 week

FIELD TRIPS: Bowling ____(6/22) Aquarium (6/29)____ Movie (7/ 13)____ Knott's Berry Farm (7/27)___

T-Shirt : L M S _____

Make payment to: **W.C.L.C.**

- To insure the students' safety, students are expected to follow the school rules in order to participate in the classes and activities. If a student chooses to skip school, refuses to cooperate with instructors, fights with his/her peers, or uses destructive behavior towards school property, the student will be expelled from the school and tuition will not be refunded.
- We have a penalty fee for parents who do not pick up their child in due time.
- WCLC has the right to deny admission of students
- WCLC does not provide child care and supervision.
- I request that the above named student be permitted to participate in the Walnut Chinese Language Center activities. He/She is in good physical condition, but in case of illness or accidents, WCLC is not responsible for medical and other expenses incurred in his/her care. I am hereby waiving all claims against WCLC for the illness, accidents, injury or death occurring at the center and on the field trips.

Parent/Guardian Signature _____ Date _____

Family Doctor's Name _____ Tel _____

中心專用欄 Office use

學生姓名	報名費	學費	教材	午餐	**Field Trip**	**T-Shirt**	共計	支票＃	簽收人
1									
2									
3									