# 2019 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__<br>已讀完華語 、美洲或 第 冊 |
| 2 | | | | 未讀過__ 選讀注音__ 拼音__ 繁__ 簡__<br>已讀完華語 、美洲或 第 冊 |
| 3 | | | | 未讀過__ 選讀注音__ 拼音__ 繁__ 簡__<br>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 2019): _____

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 ) : Circle：the 1 2 3 4 5 6 7 8 9 week

FIELD TRIPS: Movie (6/28)_____, Bowling (7/ 12)_____, Movie (7/26)_____

Others : _____

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 _____

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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 | | | | | | | | | |