TianTian Chinese School天添中文学校新生注册表

# *TianTian Chinese School after class New Student Registration Form*

# 请填好后连同支票交学校工作人员或邮寄 Please attach a check, mail it to 870 N. Hillview Dr. Milpitas, Ca95035

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| 学生中文姓名\_\_\_\_\_\_\_\_\_\_\_; English Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_; 性别 Gender \_\_\_\_\_\_\_\_\_\_  出生日期 Date of Birth :\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/  注册年级 Register Grade: \_\_\_\_\_\_年级    家庭常用语：英语( );国语( );广东话( )  父亲语言范围：英语( );国语( );广东话( )；其它( )  母亲语言范围：英语( );国语( );广东话( )；其它( ) | |
| 家庭住址: Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, zip\_\_\_\_\_\_\_\_\_\_\_\_ 家庭电话 Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; 紧急电话 Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 父亲姓名 Father’s Name \_\_\_\_\_\_\_\_\_\_\_; 工作电话 Work phone \_\_\_\_\_\_\_\_\_\_; Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  母亲姓名 Mother’s Name \_\_\_\_\_\_\_\_\_\_\_; 工作电话 Work phone \_\_\_\_\_\_\_\_\_\_; Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Pediatrician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 费  用 | 注册费 旧生免交, 注册后不退.  Registration Fee. New student only. No refund after registered. $50  学费 注册两周后不退 Applicable to all students. No refund after two weeks of enrollment.  $500 for 30 classes  Material $\_\_\_\_\_\_\_\_\_    合计 Final Cost $\_\_\_\_\_\_\_\_\_\_\_  *请用支票付费.支票请注明学生姓名, 班级. 抬头请写 TianTian Chinese School*  *Please make check payable to TianTian Chinese School. Please write student name and class on the check*  *联络方式 Contact Us: 408-203-6845 XiaoLin Chang 郑老师；*[*tiantianchineseschool@gmail.com*](mailto:tiantianchineseschool@gmail.com) |
|  | PS:  学生禁止在校园追逐奔跑. 违规所造成的人身伤害及财物损坏概由肇事学生家长承担责任. It is prohibited to running around on the campus during school hours. Any injuries and damages caused by violations of this rule will be responsible by the parents of the violator student.  本人已阅读并理解了上述条款. 本人愿意遵守学校规章. I have read and fully understood the meaning and consequences of the above rules. I agree to obey the rules and thus voluntarily sign this as an agreement.  I give my permission for my son's/daughter's photograph/video tape and/or name to be used for school related activities.  家长或监护人签名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Signature of the Parent / Guardian Date: Month Day Year. |