



FID: _____

哥城中文學校2015-2016第二學期註冊表
Columbus Chinese Academy Registration Form (2015-2016) Second Semester

Father's Name: _____ Chinese Name (if any) _____
Mother's Name: _____ Chinese Name (if any) _____
Home Address: _____
City: _____ State/Zip: _____
Home Phone (Evening): _____ Office Phone (Day Time): _____
Emergency Contact (Cell Phone) 1: _____ Name: _____
Emergency Contact (Cell Phone) 2: _____ Name: _____
E-Mail Address: _____

姓名 (Student Name (Last, First)) 出生日期 (DOB) 性別 (Sex: M/F) 年級 (Grade)

| | | |
|----------------------------|-----------------------|----------|
| 學費 (Tuition per Semester): | 應付學費(Tuition): | + \$ |
| 禮卷 (One Student) | 禮卷(Coupon) : | - \$ |
| 禮卷 (Two Students) | 罰款(Late Fee): | + \$ |
| 禮卷 (Three Students) | 捐款(Donation): | + \$ |
| 禮卷 (Four Students) | 總額 Total Due: | \$ |
| PAYMENT METHOD | ___ CASH OR ___ CHECK | CHK # |
| | Officer Initial | |
| | Reg. Date | / / 2015 |

- ☐ 9 (Minimum Age: 3)
- ☐ 9012, CCA Treasurer, P.O. Box 82244, Columbus, OH 43202 (8029) 9012 \$10, 0000
- ☐ 9012, 000000
- ☐ 000000, 00000000
- ☐ Make check payable to Columbus Chinese Academy (or "CCA")
- ☐ Mail this form and check by 1/30/2016 to CCA Treasurer, P.O. Box 82244, Columbus, OH 43202, or bring this form to School on the first day (1/23/2016) of the school to register.
- ☐ A late fee of \$10 per week will be charged if registered after 1/30/2016. No class withdraw or tuition refund after 1/30/2016.
- ☐ Donation portion is tax deductible

COLUMBUS CHINESE ACADEMY CONSENT FORM

I/WE AS LEGAL GUARDIAN(S) DO HEREBY AGREE TO INSTRUCT OUR CHILD(REN) TO ABIDE BY THE RULES CONTAINED IN THE CCA SCHOOL RULES ON PAGE 2, RELEASE AND DISCHARGE THE COLUMBUS CHINESE ACADEMY, ITS OFFICERS, MANAGERS, TEACHERS, THE SCHOOL IT RENTS FROM, FROM ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, DEMANDS FOR ANY INJURIES TO PERSON OR PROPERTY SUSTAINED TO THE NAMED CHILD, AND RESULTING FROM THE ATTENDANCE OR PLAY IN THE AFOREMENTIONED SCHOOL, I/WE FULLY AGREE THAT THE SIGNATURE BELOW ON THIS FORM ATTEST TO THIS PHYSICAL RELEASE STATEMENT:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

INSURANCE CARRIER: _____