



**FID: \_\_\_\_\_**

## 哥城中文學校2016-2017第一學期註冊表

Columbus Chinese Academy Registration Form (2016-2017) First 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 : \_\_\_\_\_

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

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學費每學期 (Tuition per Semester): 一個學生 \$160 (One Student) 兩個學生 \$310 (Two Students) 三個學生 \$460 (Three Students) 四個學生 \$610(Four Students)	應付學費(Tuition):	+ \$
	禮卷(Coupon) :	- \$
	罰款(Late Fee):	+ \$
	捐款(Donation):	+ \$
	總額 Total Due:	\$
PAYMENT METHOD	__ CASH OR __ CHECK	CHK #
	Officer Initial	
	Reg. Date	/ / 2016

- ☐ 學生最低年齡為三歲 (幼幼班) (Minimum Age: 3)
- ☐ 將註冊單及支票於 8月27日 前寄交中文學校財務, CCA Treasurer, P.O. Box 82244, Columbus, OH 43202, 或攜此註冊單及學費於上課的第一天 (8/27) 到中文學校辦理註冊 (若於9月10日之後註冊, 每星期將罰款 \$10, 新生除外)
- ☐ 9月10日之後, 學校不辦理退費
- ☐ 捐款可以用來扣稅, 學費不可以用來扣稅
- ☐ Make check payable to Columbus Chinese Academy (or "CCA")
- ☐ Mail this form and check by 8/27/2016 to CCA Treasurer, P.O. Box 82244, Columbus, OH 43202, or bring this form to School on the first day (8/27/2016) of the school to register.
- ☐ A late fee of \$10 per week will be charged if registered after 9/10/2016. No class withdraw or tuition refund after 9/10/2016.
- ☐ 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: \_\_\_\_\_