



# 爾灣中文學校課後輔導班報名表

## ICS AFTER SCHOOL PROGRAM REGISTRATION FORM

請用正楷填寫以下資料!謝謝(Please print and fill out all the information below, Thank you)

### 學生資料 Student Information

中文姓名 Chinese Name: \_\_\_\_\_

英文姓名 English Name: \_\_\_\_\_

就讀學校 Current School: \_\_\_\_\_

學生代號 Student ID\* \_\_\_\_\_

性別 Gender: 男 Male 女 Female

出生日期 Date of Birth: \_\_\_\_\_

今年就讀年級 Grade Entering:\* \_\_\_\_\_ Grade in Sept. 2011

學習中文年數 Years of Learning Chinese \_\_\_\_\_ (Years)

中文課 Chinese Learning 注音ㄉㄨㄛ 拼音 Pin-Yin 繁體 Tradition 簡體 Simplified

### 家庭資料 Family Information

學生住址 Home Address\* \_\_\_\_\_

City: \_\_\_\_\_ CA Zip: \_\_\_\_\_

父親中文姓名: \_\_\_\_\_

Father English Name\* \_\_\_\_\_

母親中文姓名: \_\_\_\_\_

Mother English Name\* \_\_\_\_\_

住宅電話 Home Phone#\*(\_\_\_\_\_) \_\_\_\_\_

傳真號碼 Fax #(\_\_\_\_\_) \_\_\_\_\_

父親公司電話 Father Work Phone (\_\_\_\_\_) \_\_\_\_\_

父親手機號碼 Father Cell Phone(\_\_\_\_\_) \_\_\_\_\_

父親電子信箱 E-mail Address: \_\_\_\_\_

母親公司電話 Mother Work Phone(\_\_\_\_\_) \_\_\_\_\_

母親手機號碼 Mother Cell Phone(\_\_\_\_\_) \_\_\_\_\_

母親電子信箱 E-mail Address: \_\_\_\_\_

緊急聯絡人: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

醫療保險公司: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_

家庭醫生姓名: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

緊急聯絡人電話:(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Phone:(\_\_\_\_\_) \_\_\_\_\_

醫療保險號碼# \_\_\_\_\_

Health Insurance # \_\_\_\_\_

Family Doctor Phone:(\_\_\_\_\_) \_\_\_\_\_

是  或否  \* 曾於 2011 年參加暑期營

YES  OR/NO  2012 Summer School

家長簽名

Guardian's Signature: \_\_\_\_\_

報名日期

Registration Date:\* \_\_\_\_\_

Class	Mon	Tue	Wed	Thu	Fri
Full Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English/Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport Only			<input type="checkbox"/>		

學費總額

Tuition Total:\$ \_\_\_\_\_

付費金額

Amount Paid \$ \_\_\_\_\_

付款方式 現金

Method of 支票 Check# \_\_\_\_\_

報名日期

Registration Date: \_\_\_\_\_

付款日期

Payment Date: \_\_\_\_\_

收費人

Received By: \_\_\_\_\_

收據號碼

Receipt# \_\_\_\_\_