



Community Baptist Church Chinese Language School
15 S. Humboldt Street, San Mateo, CA 94401
Phone: 650-342-0959 Fax: 650-342-1598
www.cbcsbm.org

2019-2020 REGISTRATION FORM

(Please complete a registration form for each student)

Last Name _____		First Name _____		Chinese Name _____		Gender: M / F	
Father's Name _____		Mother's Name _____		Email _____		Birth Date _____	
Address _____				City _____		CA Zip _____	
Home Phone (____) _____		Father's Cell (____) _____		Mother's Cell (____) _____			
Chinese Language Spoken at Home: Cantonese / Putonghua				<input type="checkbox"/> Often		<input type="checkbox"/> Sometimes	
				<input type="checkbox"/> Never			
Do you and your family attend church regularly?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	

First semester: August 17, 2019 to December 14, 2019

Second semester: January 11, 2020 to May 16, 2020

Early Session – 8:30am to 10:20am Saturday

CLASS	INSTRUCTOR
___ Cantonese Level 1	Carol Cheung
___ Cantonese Level 2	Clara Tam
___ Cantonese Level 3	TBD
___ Cantonese – Conversational	Mary Cheung
___ Putonghua – Adult Beginner	Frank You

Later Session – 10:30am to 12:20pm Saturday

CLASS	INSTRUCTOR
___ Cantonese – Beginner	Carol Cheung
___ Putonghua – Beginner	Xiao Fang Zhao
___ Putonghua – Advanced	Frank You

Please note that: 1. Classes start with a new set of textbook and workbook, the book charge is \$50.00.
 2. The Church reserves the right to cancel a class due to under-enrollment.

Tuition and Fees per Student:

Regular tuition: \$325 + fees \$25 = \$350, *Discounted tuition: \$295 + fees \$25 = \$320, due no later than August 17, 2019

*Discounted tuition is applicable to: 1. Student is enrolled in a second class, 2. Family member(s), or
 3. Student attends our church worship or Sunday School regularly.

Please make check payable to **Community Baptist Church** and write **student name(s)** on it.

No refunds are made for withdrawal from class for any reason **after August 24, 2019.**

<u>Charges: due by 8/24/19</u>	<u>Regular/Discounted</u>	<u>Amount</u>	For office use only: Date: _____ Cash/Check \$: _____ Check #: _____
Tuition & Fees	\$350 / \$320	\$ _____	
Book charge	\$50	\$ _____	
Total		\$ _____	

Authorization 家長同意書

I give permission for my child/children to participate in the Community Baptist Church Chinese Language School (CBCCLS) program. I will not hold the school or any staff member liable in case of accidents resulting in injuries. In case of emergency, I authorize CBCCLS to admit my child/children to near-by hospital or clinic for emergency treatment as needed. I will be responsible for all the fees it incurs. 本人同意上列報名子女參加聖馬刁社區浸信會中文學校(中文學校)各種課業活動, 並同意如果發生意外事故受傷, 不能向學校, 學校職員或理事追究責任。本人子女若因故受傷, 本人允許學校逕送醫院治療, 並願自己負擔全部費用。

I (We) agree that any photos and video taken by CBCCLS, or given to CBCCLS by me (us), during, at or for the purpose of any activities or programs held at or by CBCCLS may be published by CBCCLS on its websites or any media for such purposes as CBCCLS deems fit. 本人授權同意中文學校可以將本人子女的照片及視頻, 無論是經由校方所拍照的活動或是本人所提供的, 刊登於學校網頁或校方出版之媒體。

CBCCLS is open to all students who are interested in studying the Chinese language, culture and history regardless of their races. Acceptance of the application, however, will be limited to accommodations of the facilities. CBCCLS reserves the right, however, to accept or decline any applicant for any reason and at its sole discretion. 中文學校在班級教室容量範圍內歡迎任何對中文或中華文化有興趣者註冊就學, 不分種族膚色。中文學校在此保留其權利因任何原因自行決定接受或拒絕任何學生的申請。



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Emergency Contact Form 緊急聯絡資料

Student Name: _____ Class: _____

Student Name: _____ Class: _____

1. Contact Name: _____ Relationship: _____ Cell Phone #: _____

2. Contact Name: _____ Relationship: _____ Cell Phone #: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

Allergies: ☐ if checked, please specify (e.g. specific foods, drugs, and other):

Special Instruction (Optional): _____

I give permission for my child/children to participate in the Community Baptist Church Chinese Language School (CBCCLS) program. I will not hold the school or any staff member liable in case of accidents resulting in injuries. In case of emergency, I authorize CBCCLS to admit my child to nearby hospital or clinic at my own expense.

本人同意上列報名子女參加聖馬刁社區浸信會中文學校各種課業活動，並同意如果發生意外事故受傷，不能向學校，學校職員或理事追究責任。本人子女若因故受傷，本人允許學校逕送醫院治療，並願自己負擔全部費用。

Parent/Guardian Signature 家長/監護人簽名: _____ Date 日期: _____