



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

**2024-2025 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 to December 14, 2024    Second Semester: January 11 to May 17, 2025    Time: 9 to 11 a.m.**

<b>CLASS</b>	<b>INSTRUCTOR</b>	<b>CLASS</b>	<b>INSTRUCTOR</b>
__ Cantonese Beginner	Carol Cheung	__ Cantonese Level 1	Clara Tam
__ Cantonese Level 2	Kenneth Lui	__ Cantonese Level 4	Mary Cheung

Please note: 1. The total of new textbook/workbook, supplement information, plus shipping and handling is \$50.00  
 2. The Church reserves the right to cancel a class due to under-enrollment

**Tuition and Fees per Student - due no later than September 7, 2024:**

Regular Tuition and Fees = \$380; \*Discounted Tuition and Fees: \$350

\*Discounted Tuition and Fees are only applicable to:

- (1) Family: first student pays \$380 and sibling(s) pay(s) \$350    (2) CBC members' family or students who attend CBC regularly: \$350

Please make check payable to **Community Baptist Church of San Mateo** and write **student name(s)** on it.  
**No refunds** are made for withdrawal from class for any reason **after September 7, 2024.**

<b><u>Charges: due by 09/07/2024</u></b>	<b><u>Regular / Discounted</u></b>	<b><u>Amount</u></b>	<b>For office use only:</b>
Tuition and Fees	\$380 / \$350	\$ _____	Date: _____
Textbook/Workbook/S&H	\$50 / \$50	\$ _____	Cash/Check \$: _____
Total	\$430 / \$400	\$ _____	Check #: _____

**Authorization 家長同意書**

I give permission for my child/children to participate in the Community Baptist Church Chinese Language School (CBC CLS) 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 CBC CLS to admit my child/children to nearby 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 CBC CLS, or given to CBC CLS by me (us), during, at or for the purpose of any activities or programs held at or by CBC CLS may be published by CBC CLS on its websites or any media for such purposes as CBC CLS 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。

CBC CLS 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. CBC CLS 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 or Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class or Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class or Teacher: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_