American West Vancouver Chinese School

P.O. Box 87933, Vancouver, WA 98687 (360) 931-3298 AWVCS@Yahoo.com



美西溫哥華中文學校 2023-24 年春季註冊 AWVCS REGISTRATION FOR SPRING 2023-2024 ENROLLMENT

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學生姓名 (英和中文姓名) STUDENT NAME (LAST, FIRST & CHINESE)	性別 MIF	生日(m/d/y) Birth Date	在美就讀學校和年級 GRADE IN THE FALL	AWVCS CLASS TO ENROLL IN	學費 TUITION	總額 SUBTOTAL
				TO ENROLLIN	1 st child:	
					\$250 2 nd child:	
					\$245	
					3 rd child:	
					\$240	
					\$235	
Non-Refundable Registration Fee 家庭註冊費 <mark>*(New Student only)</mark> *Fee Waived for return student from Fall semester.					*(\$30)	
Discount: ☐ early bird: \$10/family (by December 17, 2023) 早報名者优惠					- \$10	
onate to AWVCS (school t	ax ID S	91-1906397)			<u> </u>	
Book Postage fee (for out of area student only)				\$5		
					TOTAL	
NEW STUDENT(S) add registrat	tion fee	☐ RETURN S	TUDENT(S)*If return	ed from Fall ser	nester, waived th	ne registration
NTACT'S						
ELATIONSHIP TO STUDENT(S)			Сн	INESE N AME		
家長和學生的關係:						
NGLISH NAME 家長英文姓名:						
DDRESS					ZIP CODE	
DDRESS E址:					郵政編碼:	
-Mail			Phone	ı	Mobile	
፤郵: _			電話:		手機:	
AWVCS IS A VOLUNTEER RUN, 501(EXPERIENCE. WE WELCOME STUDEN KEEP TUITION LOW WHILE MAINT OTAL PAYMENT 總金額: \$	NTS OF AL	L ETHNIC BACKGROU DUCATIONAL EXCELL	ND AND NATIONALITY. WE EI ENCE. PLEASE SEE A STAFF M CHECK NUMBER	NCOURAGE FAMILIES IEMBER OR CLASS RE 支票號碼:	TO VOLUNTEER AT OU	R SCHOOL; THIS HE
LEASE MAKE YOUR CHECK PAYABLE TO						
			二十一日前)半額退學費. 三			NE THE THETON ()
		-	JEST IS SUBMITTED TO US BEI NOT BE ACCEPTED AFTER Janu		E WILL REFUND HALF C	F THE TOTTION 1-3
Iame of Parent or Legal Guard	 DIAN	OFF	SIGNATURE		D	PATE
			TOTAL OOL ONLI			
PATE OF PAYMENT:RECEI	VED BY:		PAYMENT AMOUNT: S	\$(Снеск #:	
RECORD #:	Reel	IND AMOUNT: \$	REASON.			

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American West Vancouver Chinese School



American West Vancouver Chinese School, Vancouver, WA

2023-24 年免責任就醫授權書

Medical Release Form

假如發生意外事故並且人文學校聯絡不到您,請將倆位可以代您關照而且替您的小孩負責就醫的親戚或朋友的名字寫出來。Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.

who will take responsibility in seeking medical attention	
姓名(Contact Name):	電話 (Tel):
家庭醫生(Doctor):	電話 (Tel):
醫療保險 (Insurance):	電話 (Tel):

倘若您所填的資料有任何變更,請儘快通知學校,假設發生意外事故而且學校不但聯絡不到父母親,也無法聯絡到父母親所指定的其他負責人,則學校有權替學生採取緊急就醫措施,學生家長不能有任何的異議。

Should there be any changes in the above information, please inform the school immediately. If the American West Vancouver Chinese School is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the student's parents.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

- 2. I certify that my child has the necessary skills and abilities to participate in all AWVCS activities and I assume full responsibility for body injury, and loss of personal property, and expenses thereof because of my child's negligence in participating in AWVCS activities. I also agree to instruct my child to abide by the rules or instructions given to them either verbally or in writing by AWVCS. I further understand that AWVCS reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in certain activities. I also agree that AWVCS may use video or photographic or audio records of the activities that my child has participated in for promotional purposes.
- 3. I also agree that in the event of illness or accident of my child, any AWVCS officers, chaperons, teachers, volunteers, employees and other persons associated with AWVCS, in whose care my child has been entrusted, is authorized to consent to an X-ray examination, anesthetic, medical or surgical diagnosis of my child; to transportation of my child to any hospital and to treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a licensed physician and/or surgeon. I hereby indemnify, discharge and hold harmless AWVCS, its officers, chaperons, teachers, volunteers, employees and other persons associated with AWVCS from liability because of the exercise of such actions.

Signature of Parent or Legal Guardian:	Date:
家長簽名	日期