

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 2018-19 年秋季註冊
AWVCS REGISTRATION FOR Fall 2018-19 ENROLLMENT

(ONE FORM PER FAMILY. PLEASE PRINT LEGIBLY. 每家填一份註冊單, 請以正楷填寫)

學生姓名 (英和中文姓名) STUDENT NAME (LAST, FIRST & CHINESE)	性別 M F	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
					1 st child: \$200	
					2 nd child: \$190	
					3 rd child: \$180	
					4 th child: \$175	
Non-Refundable Registration Fee 家庭註冊費					\$30	\$30
Discount: <input type="checkbox"/> early bird: \$10/family (by June 10, 2018) 早報名者優惠					- \$10	
Donate to AWVCS (school tax ID 91-1906397)						
					TOTAL	

NEW STUDENT(S) 新學生 RETURN STUDENT(S) 曾註冊過的學生

CONTACT'S

RELATIONSHIP TO STUDENT(S)

CHINESE NAME

家長和學生的關係: _____ 家長姓名: _____

ENGLISH NAME

家長英文姓名: _____

ADDRESS

ZIP CODE

住址: _____ 郵政編碼: _____

E-MAIL

PHONE

MOBILE

電郵: _____ 電話: _____ 手機: _____

AWVCS IS A VOLUNTEER RUN, 501(C)(3) NON-PROFIT, EDUCATIONAL ORGANIZATION. OUR MISSION IS TO PROVIDE A QUALITY, CHINESE LANGUAGE LEARNING EXPERIENCE. WE WELCOME STUDENTS OF ALL ETHNIC BACKGROUND AND NATIONALITY. WE ENCOURAGE FAMILIES TO VOLUNTEER AT OUR SCHOOL; THIS HELPS KEEP TUITION LOW WHILE MAINTAINING EDUCATIONAL EXCELLENCE. PLEASE SEE A STAFF MEMBER OR CLASS REPRESENTATIVE FOR AREAS YOU CAN HELP.

TOTAL PAYMENT 總金額: \$ _____ CHECK NUMBER 支票號碼: _____

PLEASE MAKE YOUR CHECK PAYABLE TO: AMERICAN WEST VANCOUVER CHINESE SCHOOL or AWVCS 支票抬頭請寫

REFUNDS: ● WE WILL REFUND THE TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BEFORE September 10th ● WE WILL REFUND HALF OF THE TUITION PAID IF A WRITTEN REQUEST IS SUBMITTED TO US BY September 24th. ● REFUND REQUESTS WILL NOT BE ACCEPTED AFTER September 24th.

退費原則: 一週內(九月十日前)全額退學費. 一至三週內(九月二十四日前)半額退學費. 三週以後(九月二十四日後)恕不退費.

NAME OF PARENT OR LEGAL GUARDIAN

SIGNATURE

DATE

OFFICIAL USE ONLY

DATE OF PAYMENT: _____ RECEIVED BY: _____ PAYMENT AMOUNT: \$ _____ CHECK #: _____

RECORD #: _____ REFUND AMOUNT: \$ _____ REASON: _____

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



American West Vancouver Chinese School, Vancouver, WA

2018-19 年免責任就醫授權書

Medical Release Form

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. 假如發生意外事故並且人文學校聯絡不到您，請將兩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。

Contact Name 姓名:	Tel 電話:
Contact Name 姓名:	Tel 電話:
Contact Name 姓名:	Tel 電話:
Contact Name 姓名:	Tel 電話:
Contact Name 姓名:	Tel 電話:
Doctor 家庭醫生:	Tel 電話:
Insurance 醫療保險:	Tel 電話:

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.

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。

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. I, hereby acknowledge that I have voluntarily applied for my child(ren), _____, to participate in all activities to be conducted by THE AMERICAN WEST VANCOUVER CHINESE SCHOOL ("AWVCS"). I agree to defend, indemnify and save harmless, AWVCS and its officers, chaperons, teachers, volunteers, employees, and other persons associated with AWVCS from and against any and all claims, demands, losses, defense costs or liability of any kind or nature which the AWVCS, its officers, chaperons, teachers, volunteers, employees and other persons associated with AWVCS may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of, arising out of, or in any manner connected with my child's participation in all AWVCS's activities.

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 as a result 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: _____