



# LIAC Chinese Language Education Center 长岛宣道会 - 中文教育中心

## Student Registration Form 学生报名表

### 2023 - 2024 School Year 学年

#### Instructions 填表须知

1. Only students entering Kindergarten to 8<sup>th</sup> Grade in September 2023 are eligible to register.  
只接受 2023 年 9 月就读幼稚园至八年级的学生报名。
2. The tuition for the 2023-2024 school year is \$300 per student, out of which \$150 will be refunded upon written request before October 31, 2023.  
If paying by check, please make the check **payable to LIAC. Memo : CLEC Tuition /Student name.**  
每一个 2023 - 2024 年的学生学费为三百元。如于 2023 年10月底前退学，可发还一百五十元学费。**支票抬頭填寫：LIAC。備註：CLEC 学费/学生姓名**
3. Please give the completed registration form, together with the \$20 registration fee, to Amy Lai or Stephanie Chew.  
请把填妥的报名表连同二十元报名费交 Amy Lai 或 Stephanie Chew 收录。
4. The admissions office may arrange interviews with applicants and their parents if needed.  
如有需要，注册组会安排申请者及其家长面谈。
5. Not all eligible applicants will be admitted. The admissions office will inform parents of the admission decisions verbally and in writing on or before May 31, 2023. For those applicants we regrettably cannot accommodate, we will refund the \$20 registration fee. 并非所有申请都获接纳。如获接纳申请，注册组会于 2023年7月31日或以前以口头和书面通知家长，所有不获接纳的申请者，将发还二十元报名费。

.....**Receipt 收据**.....

Student's English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_  
学生英文名 (Last姓, First名) 学生中文名

( ) Registration Fee 报名费: Cash 现金\$ \_\_\_\_\_ Check 支票\$ \_\_\_\_\_ (No. \_\_\_\_\_)

( ) Tuition 学费: Cash 现金\$ \_\_\_\_\_ Check 支票\$ \_\_\_\_\_ (No. \_\_\_\_\_)

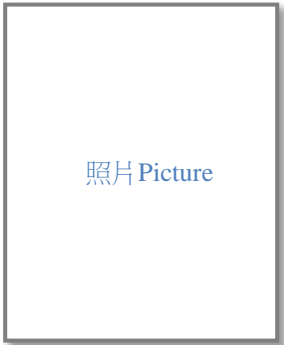
Form Submitted Date 报名表递交日期: \_\_\_\_\_ Received By 收表人: \_\_\_\_\_

学生姓名 (中) \_\_\_\_\_ (英) \_\_\_\_\_

Student Name Chinese English

出生日期 \_\_\_\_\_ 出生地 \_\_\_\_\_

Date of Birth Month月 /Day日/Year年 Place of Birth



新学年度班级 \_\_\_\_\_

Entering Grade

性别 男 M 女 F

Sex

父亲或监护人 中文名 \_\_\_\_\_ 英文名 \_\_\_\_\_

Father/Guardian Chinese Name English Name

母亲或监护人 中文名 \_\_\_\_\_ 英文名 \_\_\_\_\_

Mother/Guardian Chinese Name English Name

家庭住址 \_\_\_\_\_ 电子邮箱 \_\_\_\_\_

Home Address Email Address

City

State

Zip

电话：家 \_\_\_\_\_ 母亲手机 \_\_\_\_\_ 父亲手机 \_\_\_\_\_

Phone: Home Mother Cell Father Cell

家庭医生姓名 \_\_\_\_\_ 电话 \_\_\_\_\_

Physician's Name Phone No.

紧急情况联络人 \_\_\_\_\_ 关系 \_\_\_\_\_ 电话 \_\_\_\_\_

Emergency Contact Relation Phone

紧急情况联络人 \_\_\_\_\_ 关系 \_\_\_\_\_ 电话 \_\_\_\_\_

Emergency Contact Relation Phone

授权接送人 \_\_\_\_\_ 关系 \_\_\_\_\_ 电话 \_\_\_\_\_

Person authorized to pick up Relation Phone

宗教信仰/Religion \_\_\_\_\_

**附加资料Additional Information**

请告诉我们更多关于学生的信息，以帮助我们更好地了解学生的需求，并为整个学年与老师的合作关系奠定基础：

Please tell us more about the student to help us better understand the needs of the student and to lay the foundation for a cooperative relationship with the teacher throughout the school year:

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**紧急授权Emergency Authorization**

I am a parent/legal guardian for \_\_\_\_\_. In case of medical emergency, I understand that my child will be transported to the nearest hospital if deemed necessary. My child will be transported at my expense. It is understood that in some emergency situations, center personnel may need to call 911 before contacting the parents, or other adult acting on the child's behalf. I hereby give express permission to Long Island Alliance Church Chinese Education Center to take whatever emergency measures (first aid, disaster, etc.) are deemed necessary for the protection and care of my child while he/she is in attendance of the program.

First Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I verify that all the information on this form is accurate and complete.

我签名如下，以此证明以上的信息是正确和完整的。

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

家长/监护人签名

日期

**For Official Use Only 校方专用**

( ) Registration Fee 报名费: Cash 现金 \$ \_\_\_\_\_ Check 支票 \$ \_\_\_\_\_ (No. \_\_\_\_\_)

( ) Tuition 学费: Cash 现金 \$ \_\_\_\_\_ Check 支票 \$ \_\_\_\_\_ (No. \_\_\_\_\_)

# Long Island Alliance Church

## COMBINED PARENTAL CONSENT AGREEMENT, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND EMERGENCY MEDICAL CONTACT INFORMATION FOR CHURCH ACTIVITIES

Child Name:

\_\_\_\_\_  
(Last) (First) (M.I.)

Address:

\_\_\_\_\_  
Street City State Zip

Home Phone:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

Father's name:

\_\_\_\_\_

Mother's name:

\_\_\_\_\_

Father's wk phone:

\_\_\_\_\_

Mother's wk phone:

\_\_\_\_\_

Father's cell phone:

\_\_\_\_\_

Mother's cell phone:

\_\_\_\_\_

Secondary emergency contact (other than parents):

Name:

\_\_\_\_\_

Daytime phone:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Evening phone:

\_\_\_\_\_

Name and phone number of primary care physician:

\_\_\_\_\_

Allergies (including medications child can **NOT** take)/special health concerns, handicaps and/or restrictions:

\_\_\_\_\_

Medications currently being taken on a regular basis:

1. \_\_\_\_\_ Dose

2 \_\_\_\_\_ Dose

3. \_\_\_\_\_ Dose

Medical Insurance Company:

\_\_\_\_\_ Phone: \_\_\_\_\_

Policy / Group Number:

\_\_\_\_\_

Participant I.D. Number:

\_\_\_\_\_

Participant Name & Employer:

\_\_\_\_\_

**It is the parent's responsibility to update health and medical information as changes occur.**

### Authorization to Obtain Urgent or Emergency Medical Care

As the parent or custodial adult of \_\_\_\_\_ (child/youth's name), I give permission for the Long Island Alliance Church (LIAC), its officers, agents, employees, staff, and volunteers to obtain urgent or emergency medical care for my child, and I authorize health care providers to render such care as deemed necessary.

It is understood that reasonable efforts will be made to contact me prior to obtaining such care.

However, in the event of an emergency and I cannot be reached, I authorize such care and I agree to be responsible financially for such care.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

# Long Island Alliance Church

## PARENTAL CONSENT AGREEMENT, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT ("AGREEMENT")

I give permission for \_\_\_\_\_ (name of child/youth) to participate in the activities of the Long Island Alliance Church (LIAC), both on the church premises and elsewhere. In consideration of the opportunity of my child/youth to participate in the activities of Long Island Alliance Church, I, release Long Island Alliance Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child/youth arising from my child/youth's participation in the activities of Long Island Alliance Church; and I agree to indemnify and hold forever harmless Long Island Alliance Church (LIAC), its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for loss or injury to my child/youth arising from activities on or off the premises of Long Island Alliance Church (LIAC) or resulting from traveling to or from outings, field trips, retreats or any other activities of the Long Island Alliance Church (LIAC). It is understood that drivers for activities and/or youth events will consist of church staff, parents, and volunteer youth leaders over 25 years of age.

**I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me and delivered to the authorized agents of Long Island Alliance Church (LIAC). I understand and agree that it is my responsibility to update my child/youth's medical and insurance information as changes occur.**

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Parent/Guardian Signature

Print Name

### Permission to Travel in Vehicle with One Adult Present

I give permission for my child/youth to travel in a vehicle operated and occupied by one adult leader or adult volunteer over age 25.

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Parent/Guardian Signature

### Photo Permission

I understand and agree that my child may be photographed while participating in the activities of Long Island Alliance Church and that a recognizable image may be posted on the LIAC website, on bulletin boards, or used in a video without compensation.

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Parent/Guardian Signature

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Date