



## 二零一二年春季学期报名表 REGISTRATION FORM – SPRING, 2012

### A. 学生资料 STUDENT INFORMATION (Please Use One Form for Each Student)

学生姓名 Name in English	中文姓名 Name in Chinese	出生日期 Date of Birth	性别 Gender	注册班级 Enrolling Grade
		/ /		

### B. 学杂费 (Tuition and fees) :

中文 CHINESE _____ 年级 _____ 班	\$140 \$ _____
马立平中文 (Ma Liping) _____ 年级 _____ 班	\$180 \$ _____
中文 SATII & AP (Chinese SATII & AP)	\$180 \$ _____
双语班 (Bilingual class) _____	\$180 \$ _____
副课(Minor) 1 _____	\$125 \$ _____
副课(Minor) 2 _____	\$125 \$ _____
英文写作 (English Creative Writing)	\$200 \$ _____
成人羽毛球 (Badminton for Adults)	\$200 \$ _____
成人网球 (Tennis for Adults)	\$160 \$ _____

注册专用 School Use Only	
支票号码	
金额	
经手人	日期: _____
审核人	日期: _____

#### 注册管理费 (不退还) Registration & Admin Fee (not refundable) \$50

(12/19/2011 前注册, 减\$10 注册费, \$10 early registration fee discount before 12/19/2011)  
\$ \_\_\_\_\_

只报副课 (无折扣 Register for minor classes only. No discount) \$10 \$ \_\_\_\_\_

优惠 (如是第二个注册子女, 中文课减 10%. 10% Sibling Discount for 2<sup>nd</sup> enrolled child , applies to Chinese Class) -\$ \_\_\_\_\_

**合计 Total: (Please Make Check Payable To: ACS) \$ \_\_\_\_\_**

### C. 家庭资料 : 下列内容请新生或有讯息变化者填写。 CONTACT INFORMATION. (For New Students and Information Changes Only) New Change

父亲姓名 (Father's Name):	母亲姓名 (Mother's Name):
联系电话 (Home Phone): ( ) -	电子邮件 (Email):
白天电话 Daytime Phone: ( ) -	手机号码 (Cell Phone): ( ) -
家庭住址 (Home Address):	
No. _____ Street _____ Apt.# _____ City _____ State _____ Zip Code _____	

### D. 事故应急措施及医疗\*\* PARENTAL RELEASE AND CONSENT TO MEDICAL TREATMENT

My child is enrolled in American Chinese School. I hereby release American Chinese School, its employees, representatives, members of Board of Directors, from any and all liabilities for injuries to my child or damage to any property and property of my child when enrolled at American Chinese School. I accept the full risk and responsibility for any damage or injury. In any legal proceeding brought in regard to this release, American Chinese School shall be entitled to recover all costs and expenses of such actions, including but not limited to all attorney's fees.

I further authorize American Chinese School personnel to take my child to a physician or hospital and to consent to emergency medical treatment required for my child if I cannot be contacted.

Please list an emergency contact other than parent or guardian: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Insurance Policy# or HMO: \_\_\_\_\_

Medications (list) Yes  No  Allergies (list) Yes  No

家长签字 Parent Signature \_\_\_\_\_

日期 Date \_\_\_\_\_

\*副课学费不包括材料费

\* 开学两周内退学, 退还 100% 学费; 四周内退学, 退还 50% 学费; 四周后退学不退款; 注册费将一律不退还。开学两周内经学校同意可调班。

\*为了让孩子们有更好的学习环境, 请学生家长与您孩子的老师商量, 安排家长值班时间事宜。

报名表及学杂费支票也可寄至本校 Please return the completed registration form with tuition payable to: **American Chinese School or ACS** and mail your check to **309 Ritchie Parkway Rockville, MD 20852**