

理海谷中文學校二〇一九年秋季班註冊報名表
Lehigh Valley Chinese School ADMISSION APPLICATION FORM Fall 2019

Adult Conversation Class

1. 學生資料 / Student's Information

	<u>Name [First MI Last]</u>	<u>生日[Date of Birth]</u>	<u>Employer</u>
First student	_____	_____	_____
Second student	_____	_____	_____
地址(Address):	Street: _____		
	City: _____	State: _____	Zip: _____
電話 / Telephone:	_____ (Home) _____ (Cell)		
電子郵政信箱 / Email Address:	_____		

2. 學費/Tuition \$ _____ Check # _____ Please make checks payable to
Lehigh Valley Chinese School
學費/Tuition \$170.00 per student before the first day of class. After that the tuition will be \$ 200.00 per student. Registering by mail, please send this form, the Medical Release Form, and a check to:
Lehigh Valley Chinese School, 1288 Brassie Street, Wescosville, PA 18106

3. 開學日期 (First day of fall class): T B D

4. 我瞭解中文學校會盡量提供安全的環境。然而有意外災害發生時本人將負責個人安全。
I understand that Lehigh Valley Chinese School will do its best to provide a safe and educational environment for all students. However, I will be responsible for all liabilities if an unexpected accident, catastrophe, and/or disaster should occur.

簽字 Signature _____ Date _____

* The Lehigh Valley Chinese School reserves the right to cancel this class. Students will be admitted on a first-come-first serve basis. In the event the class size has exceeded its maximum, a waiting list will be instituted.

LVCS Contacts

Email: principal@palvcs.org.

Phone: Ming Kao (610)504-9009, Grace kao (610)504-9005

Refund Policy: Two weeks before school starts – 100%
One week before school starts – 50%
Thereafter – 0%

Lehigh Valley Chinese School (LVCS) Medical Release Form

Please fill out and return this form to the Lehigh Valley Chinese School.

	<u>Name [First MI Last]</u>	<u>生日[Date of Birth]</u>	<u>Employer</u>
First student	_____	_____	_____
Second student	_____	_____	_____

地址(Address): Street: _____
City: _____ State: _____ Zip: _____

電話 / Telephone: _____(Home) _____(Cell)

電子郵政信箱 / Email Address (*): _____

Authorization: Yes No

1. I hereby authorize the Lehigh Valley Chinese School to make treatment decisions on my behalf, including X-ray examinations, anesthetic, medical, or surgical diagnoses, and medical care at a licensed hospital under the supervision of licensed physicians and/or surgeons in the event of my medical emergency.
2. In the event of a medical emergency, the following people can be contacted:

Emergency contact	Address	Phone
_____	_____	_____
_____	_____	_____

Type of Medical Insurance Plan _____
Policy# _____

These authorizations shall remain in effect until the student(s) withdraw(s) from the Lehigh Valley Chinese School unless notified sooner in writing.

I understand that LVCS will do its best to provide a safe and healthy environment for students. However, I will be responsible for all the liabilities for attending the school if an unexpected accident, catastrophe, or disaster should occur.

Signature	Date	Telephone
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