



2007-08 托倫斯中文學校成人班註冊單

新生 New Student
 舊生 Returning Student

****本表遺失酌收工本費五元，請勿遺失****

時間 TIME : June 2 & June 9, 2007 9:00 am - 11:30 am	地點：托倫斯西區高中 PLACE: West Torrance High School 20401 Victor Street, Torrance, CA 90503
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學生 (STUDENT)

班級 Grade	中文姓名 Chinese Name	英文姓名 English Name	出生年月 Date of Birth	性別 Gender

成人會話(Adult Conversation) - PCA, 太極拳(Tai-Chi) - TI, 標準舞(Ballroom Dance) - BD, 成人花藝(Floral Arrangement) - AFA

家庭地址/Address : _____ 城市/City : _____ 郵區/Zip : _____
 家庭電話/Home Phone: _____ Email: _____
 緊急連絡人/Emergency Contact (1) : _____ 電話/Tel : _____ 關係/Relationship : _____
 緊急連絡人/Emergency Contact (2) : _____ 電話/Tel : _____ 關係/Relationship : _____

一學年學費 (Tuition per school year) :

成人會話(Adult Conversation) - \$360, 其他課程(other classes) - \$140

成人學生	Tuition	\$360 or \$140	_____
加：遺失註冊單	Plus: Lost registration form	\$5	_____
註冊手續費(舊生06/09/07以後註冊)	Service charge (register after 06/09/07)	\$20	_____
分期付款手續費	Installment charge	\$20	_____
	總計 (Total)		_____

*****注意事項 Important Notice*****

退費申請： 上學期 (Fall Semester) - 開學兩周內，可申請全額退款。
Full-Year Refund available within first 2 weeks of Fall Semester.
Refund Request: 下學期 (Spring Semester) - 開學兩周內，可申請一學期全額退款。
Full-Semester Refund available within first 2 weeks of Spring Semester.
 開學兩周後恕不接受退款申請。 **No refund granted after 2 weeks of each semester.**

請勿填寫此欄 / Don't Fill In This Line

現款Cash _____ 支票Amount _____ CK# _____ 總計Total _____ 收款人Sign _____ 日期Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND WAIVER OF CLAIMS

I request that above student(s), being in good physical condition, be permitted to participate in school activities which are scheduled between 9:00 a.m. and 12:00 p.m. for non-credit classes. Should he/she become ill or injured during the school hours:

- (1) He/She may (可) may not (否) receive necessary first aid. (可否接受一般急救)
 (1) He/She may (可) may not (否) receive medical attention by a dully licensed physician. (可否接受醫生治療)
 (1) He/She may (可) may not (否) be admitted to a hospital in case of emergency. (可否在緊急醫療情況下送往醫院)

This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and the time period specified above. I will not hold Torrance Chinese School (TCS), its officers or teachers liable for medical aid rendered, and will reimburse TCS for any and all hospital, medical, and other expenses incurred in his/her care. I am hereby waiving all claims against TCS for injury, accident, illness or death occurring during the school hours.

醫療保險 Health Insurance	健康需要 Health Need
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學生簽名 Student Signature _____ 日期 Date _____