

註冊表格

Fall 2022

Registration Form for Fall Semester



紐澤西州華人協誼
會華協中文學校
Chinese Language School
Good Shepherd Lutheran Church
233 S. Highwood Ave., Glen Rock, NJ 07452
www.cccnj888.org
cccnj888@gmail.com

	Last name, First name (English)		Email: used for updates and newsletters		電話 Emergency contact number during school hours - Phone:	
父親姓名 Father:		N		N		N
母親姓名 Mother:		N		N		N
地址 Address:						N
Evite Email	Used for signing up for events			Phone # for Directory		
New Families: How did you hear about us?						
Please circle N to not permit the contact info above to be published in the school directory						
#	學生姓名 (中文) Student's Name (in Chinese)	Last name, First name (in English)		出生日期 Date of Birth	級別 Class	學費 (一學期) Tuition/Semester
1						\$300 by 9/10 \$280
2						\$300 by 9/10 \$280
3						\$260 (3 rd + child, by 9/10 \$240)
4						Adult Mandarin \$200
IMPORTANT NOTE: **DO NOT MAIL FORM & CHECK TO THE PO BOX! Please register in person with check or cash, or email forms to cccnj888@gmail.com & send payment via Zelle or Venmo to cccnj88@gmail.com Or mail to: CCCNJ 233 S. Highwood Ave Glen Rock, NJ 07452		學費總計 Total Tuition (includes books)				
		會員費 CCCNJ Membership Per Family (\$25 annual)				
		Annual Registration Fee Per Student (\$10 per student)				
		總數 Total (Non-Refundable)				
		(請在支票抬頭填上 CCCNJ) (Please make check payable to CCCNJ)				支票號碼 Check #

本人同意於學年中引起之法律問題，放棄一切對華協中文學校之賠償權利。身為學童之家長/監護人，本人將全權負責學生於授課時間內引起之意外受傷或身體不適，本人同意絕對不會對其導師或行政人員（包括 CCCNJ888 INC & Good Shepherd Lutheran Church 在內）之法律責任提出控訴。 The undersigned agrees to waive any claims against the CCCNJ888 INC Chinese Language School at the Good Shepherd Lutheran Church at 233 S. Highwood Ave. in Glen Rock, during any school session. I, as a parent or guardian of my child(ren) attending the Chinese Language School, will take responsibility of any accidental injury or health care during school hours inside and out of the Good Shepherd Lutheran Church. I fully understand that I shall not file any claims against the CCCNJ888 INC or Good Shepherd Lutheran Church or any administrative personnel for any accidental injury.

日期:
Date: _____

家長 / 監護人簽署:
Parent's / Guardian's Signature: _____



Dear Parents,

This letter is to inform you that some students attending our school have severe food allergies to peanuts and tree nuts. It is important that there is strict avoidance to this type of food in order to prevent life-threatening allergic reactions. We are asking your help to provide the students with a safe school environment.

Any exposure to peanuts/nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we ask your cooperation by not sending any snacks with your child containing nuts and peanut products to school. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hands and face have been thoroughly washed before entering the school.

If your child has health problems of any kind, please inform your child's teacher immediately so that the necessary health protection steps may be taken.

Your understanding and cooperation are appreciated. Please sign and return this form so we are certain you have received this information. Please contact me if you have any questions.

CCCNJ School Administration

CCCNJ Chinese Language School – Peanut and Nut Free Food Allergy Consent Form

I have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the school peanut and nut free.

Children's Names (please print): _____

Parent's Signature: _____ Date: _____

CCCNJ CHINESE LANGUAGE SCHOOL EMERGENCY FORM

STUDENT NAME _____ BIRTH DATE _____ AGE _____

STUDENT NAME _____ BIRTH DATE _____ AGE _____

STUDENT NAME _____ BIRTH DATE _____ AGE _____

STUDENT NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

MOTHER _____ PHONE _____ CELL PHONE _____

FATHER _____ PHONE _____ CELL PHONE _____

ALTERNATE CONTACT
NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

PHYSICIAN _____ PHONE _____

ALLERGIES _____

MEDICATIONS AND OTHER SIGNIFICANT MEDICAL INFORMATION: _____

I _____ give permission to CCCNJ Chinese Language School to make whatever emergency (ie: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

SIGNATURE _____ DATE _____



Dear Parents,

This letter is to inform you that during the course of the academic year, CCCNJ may wish to use photographs or videos of CCCNJ Students on the school's webpage or in general media releases on a controlled basis. Any such photographs or videos would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

In accordance with school policy, names of individual students will not be released with any photographs or videos.

Please contact me if you have any questions.

CCCNJ School Administration

CCCNJ Chinese Language School – **Photo and Video Release Form**

By signing this form I/We consent to the use of my child's image; such use may include all CCCNJ Publications (print, online, video, etc.). Such photographs or videos would highlight the students either demonstrating learning techniques or participating in approved school activities.

Children's Names (please print):

Parent's Signature: _____ Date: _____



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PICKUP RELEASE FORM

Student Name(s): _____ Grade(s) _____

Parent/Guardian Name(s): _____

Mobile Phone(s): _____

Please select an option below:

_____ Parents are the only authorized people to pick up a child. If you would like to authorize any other person to pick up your child, please list them below. (Please Print Information)

Name & Relationship to Child:

Telephone #

_____ **(NO PARENTAL/ADULT PICKUP FROM CLASSROOM)** I authorize and give consent to CCCNJ to release my child from class without parental supervision and hereby consent, acknowledge and allow my child to leave school without parental or adult supervision. I, on behalf of my minor child, hereby release CCCNJ and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf responsibility from negligence and any and all claims that I or my child may have arising from dismissal without parental or adult supervision.

Parents/Guardian Signature

Parents/Guardian Signature

Date _____

Constant Update: Please notify the school immediately for any change in the name, address, or phone number.