

# 註冊表格

Fall 2023

## 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](http://www.cccnj888.org)

[info@cccnj888.org](mailto:info@cccnj888.org)

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					<b>\$300</b> <b>by 9/9 \$280</b>
2					<b>\$300</b> <b>by 9/9 \$280</b>
3					<b>\$260</b> (3 <sup>rd</sup> + child, by 9/9 \$240)
4					<b>Adult Mandarin</b> <b>\$200</b>
  <p><b>venmo</b> @ CCCNJ</p> <p><b>zelle</b> @ cccnj888@gmail.com</p> <p>Registration can be in person or Email forms to <a href="mailto:info@cccnj888.org">info@cccnj888.org</a> Payment via Zelle or Venmo to <a href="mailto:cccnj88@gmail.com">cccnj88@gmail.com</a>.</p>		學費總計 <b>Total Tuition</b> (includes books)			
		會員費 <b>CCCNJ Membership Per Family (\$35 annual)</b>			
		Annual Registration Fee Per Student (\$10 per student)			
		總數 <b>Total</b> (Non-Refundable)			
		(請在支票抬頭填上 <b>CCCNJ</b> ) <b>(Please make check payable to CCCNJ)</b>			支票號碼 <b>Check #</b>

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, Chinese Community Center of New Jersey, Chinese Language School and Good Shepherd Lutheran Church 在內) 之法律責任提出控訴。The undersigned agrees to waive any claims against CCCNJ888 INC, Chinese Community Center of New Jersey, 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, Chinese Community Center of New Jersey, Chinese Language School at the Good Shepherd Lutheran Church or any administrative personnel for any accidental injury.

家長 / 監護人簽署:

Parent's / Guardian's Signature: \_\_\_\_\_

日期:

Date: \_\_\_\_\_





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

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### 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

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### 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):

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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.

