

聖 峽 華 協 中 文 學 校
SAN FERNANDO VALLEY CHINESE CULTURAL ASSOCIATION
CHINESE LANGUAGE PROGRAM
P. O. BOX 280583, NORTHRIDGE, CA 91328

2009 FALL SEMESTER
(2009-2010 School Year)

REGISTRATION FORM

MEMBERSHIP INFORMATION

MEMBER ID: _____
 NAME: Mr. _____ (English) _____ (中文姓名) Alternate Phone: _____
 Mrs. _____ (English) _____ (中文姓名) Alternate Phone: _____
 ADDRESS: _____
 HOME PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT PERSON (Other than parents or guardian)

NAME: _____ PHONE: _____ RELATIONSHIP: _____

ENROLLMENT INFORMATION

<u>STUDENT ID</u>	<u>ENGLISH NAME</u>	<u>中文姓名</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>	<u>NEW CLASS</u>	<u>CREDIT CLASS</u>	<u>TUITION*</u>
NEW	_____	_____	_____	_____	_____	_____	_____
NEW	_____	_____	_____	_____	_____	_____	_____
NEW	_____	_____	_____	_____	_____	_____	_____
NEW	_____	_____	_____	_____	_____	_____	_____
NEW	_____	_____	_____	_____	_____	_____	_____
NEW	_____	_____	_____	_____	_____	_____	_____

* Tuition per student: General Language Class: \$220 per semester or \$400 per school year
 Credit Language Class: \$260 per semester or \$480 per school year

- (1) TUITION FOR ALL STUDENTS: _____
- (2) REGISTRATION FEE: \$15.00 PER STUDENT, UP TO \$45.00 PER FAMILY (Waived before 9/26/2009) _____
- (3) 2009 SFVCCA MEMBERSHIP FEE: \$15.00 PER FAMILY (Except Lifetime Member) \$15.00_
- (4) PARENT SERVICE DEPOSIT: REFUNDABLE AFTER 4 HOURS OF SERVICE (Sign-up sheet in office) \$40.00_
- (5) DONATION TO SFVCCA HERITAGE FOUNDATION (Optional) _____
- (6) TOTAL AMOUNT: (1)+(2)+(3)+(4)+(5) CHECK # _____ (PAYABLE TO **SFVCCA/CLP**) \$ _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND WAIVER OF CLAIMS

I, hereby, give permission for the following student(s) to participate in SFVCCA language classes and cultural activities for the current semester/year. Should she/he become ill or injured during the school hours, she/he may receive necessary first aid and medical treatments. This authorization is given pursuant to Section 25.8 of the civil code of California State.

I will not hold SFVCCA, its officers or teachers liable for medical and other expenses incurred in her/his care. I am hereby, waiving all claims against the Chinese Language Program or SFVCCA for injury, accidents, illness or death occurring during the program hours.

Student Name(s) _____

Parent/Guardian's Signature _____ Date _____