

播恩堂中文學校

中華海外宣道會播恩堂主辦

43-72 Bowne Street, Flushing, NY 11355 Tel.(718)445-7640

2022 年度下學期入學註冊表

1. 中文姓：_____ 名：_____ 英文姓：_____ 名：_____
2. 性別：男 ☐ 女 ☐
3. 出生日期：____月____日_____年
4. 現就讀本校(舊生)拼音_____年級 注音_____年級 (初學者及轉學生請填 11 欄)
5. 住址：_____
6. 電話：()_____ 手提電話：()_____
7. 緊急聯絡人：_____ 電話：()_____
8. 家庭醫生姓名：_____ 電話：()_____
9. 可有對任何藥物或食物過敏：無 ☐ 有 ☐
若有，請註明：_____
10. 宗教信仰：基督教 ☐ 回教 ☐ 天主教 ☐ 佛教 ☐ 其他_____
11. 初學者 ☐ 轉學生 ☐ 預報本校年級：上午班 ☐ 拼音班_____年級
倘若你是由其他中文學校轉學過來，請告訴我們：學校名稱：_____
你學習中文有多少年?_____年、就讀_____年級
12. 在家使用的語言：
英語 ☐ 國語 ☐ 粵語 ☐ 台語 ☐ 其他_____

我_____ (家長姓名) 同意子女_____ (學生姓名) 參加播恩堂中文學校 (日期) 於_____。本人同意如果學生在校期間生病或發生意外，學校有權根據情況予以處理或送往醫院，一切費用和責任由本人承擔。學生若在校損壞公物，一切由本人負責賠償。

學生兄弟姊妹_____ 班級_____

學生兄弟姊妹_____ 班級_____ 家長簽名 _____ 日期 _____

辦公室使用

現金	支票號碼#	簽收人
\$	\$	

1. 退費辦法：開學前申請退學，可退 100%學費；開學一週內，可退學費 90%，兩週退 70%；三週退 50%。三週以後申請退費者，恕不退費。
2. 教科書如有遺失需要補發者，每本以六元計算；作業本每本三元。
3. 本校每學期初均發學期行事曆乙份，如有任何通知，一定會發信由學生攜回，通知各位家長。請家長們確實檢查貴子女書包，以免遺漏。
4. 學生必須於九時半準時到校上課，以免影響老師教學。請家長於中午十二時準時來接學生。若超過中午十二時半，每半小時收 10 元，1:00pm 後工作人員均已離開，學生一切之安全，學校不予負責。

招收年級：學前班至八年級
上課日期：2/18/23-6/17/23 (16 周)
上課時間：星期六上午 9:30-12:00

費用：\$250 元
聯絡處：播恩堂辦公室(718)445-7640
截止日期：2/18/23
支票抬頭請寫：Boon Church of O.C.M.
地址：Boon Church Chinese School
43-72 Bowne Street, Flushing, NY 11355

茲收到學生姓名_____ 年級_____

現金	支票號碼#	簽收人
\$	\$	

Tax I.D. 11-3415107 日期_____

Boon Church Chinese School

Sponsored by Boon Church of O.C.M
43-72 Bowne Street, Flushing, NY 11355 Tel.(718)445-7640

2/18/2023 ~ 6/17/2023

1. Name: Last Name(Surname)_____ First Name(Given Name)_____

2. Sex: Male ☐ Female ☐

3. Date of Birth: _____Month _____Date _____Year

4. What grade you are in Chinese School(old student)_____Grade

5. Address: _____
City_____ State_____ Zip_____

6. Telephone: ()_____ Cell Phone: ()_____

7. Emergency contact person: _____ Tel. No.: _____

8. Family doctor's name: _____ Tel No.: _____

9. Are you allergic to any drug or food: No ☐ Yes ☐
If yes, please indicate: _____

10. Religion: Protestant ☐ Muslim ☐ Catholic ☐ Buddhist ☐ Others _____

11. New beginner ☐ Transfer student ☐
Atten. Class: Morning ☐ _____ Afternoon ☐ _____
If you study in other Chinese school before, please indicate to us, The name of school: _____
How many year in that Chinese school? _____year, what grade are you in ? _____Grade

12. Language speak at home :
English ☐ Mandarin ☐ Cantonese ☐ Taiwanese ☐ Others ☐

I _____(Parent's name) do herby grant permission for _____
(student's name) to attend the Boon Church of O.C.M. sponsored Chinese School on _____
to _____and take full responsibility if anything should happen to my child(ren). I herby
absolve Boon Church of O.C.M. of any legal responsibility.

Brother/Sister_____ Grade_____

Brother/Sister_____Grade_____

_____Parent of Guardian Signature_____Date

Office use		
Cash	Check No.#	Sign
\$	\$	

1. Refund Policy: Students requesting refund before semester begins, 100% of tuition for the entire semester will be refunded. Within one week, 90% of tuition will be refunded; within two weeks, 70% of tuition will be refunded; within three weeks, 50% of tuition will be refunded. No refunds will be made for students withdraw three weeks after semester begins.
2. Charge for lost of: textbook \$6.00, homework book \$3.00.
3. Each student will receive a school calendar at the beginning of each term. Any changes or updates will be notified by notices. Please check your child's folder after each class.
4. Class starts at 9:30AM and ends at 12:00noon. Please be on time. If you pick up your child after 12:30PM, there will be a charge of \$10/30minutes. School will not be responsible for your child's safety after **1:00Pm.** 0011

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Date:_____

Cash	Check No.#	Sign
\$	\$	

Grade: PK-G.8.

Date: 2/18/23-6/17/23 (16 weeks)

Time : Sat.9:30am-12:00 noon

Fee : \$250

Contract Person: Boon Church Office

Tel. (718) 445-7640

Deadline: 2/18/23

Please make check payable to:

Boon Church of O.C.M.

Mailing Address :

Boon Church Chinese School

43-72 Bowne Street, Flushing,

NY 11355