

2026-2027 協和中文學校報名表

Concordia Lutheran Chinese School Registration Form

13633 183rd Street, Cerritos, CA 90703 562-921-4170

Email: concordiacs@yahoo.com

週間班 (After School Program)					
中文名 Student's Chinese Name	英文名 Student's English Name	性別 Gender	生日 DOB	就讀學校 Name of School	年級 Grade
.					
五天班 / FIVE DAYS 每月 Per Month / \$450 (1:30 pm Dismissal) \$430 (3:00 pm Dismissal)					
三天班 / THREE DAY 每月 Per Month / \$360 (1:30 pm Dismissal) \$340 (3:00 pm Dismissal)					
二天班 / TWO DAY 每月 Per Month / \$315 (1:30 pm Dismissal) \$295 (3:00 pm Dismissal)					
全年中文教材費\$25, 英, 數教材費\$25, 註冊費 \$50 (Annual Chinese Textbook Fee \$25 , English, Math Textbook Fee \$25, Nonrefundable Registration Fee \$50)					
Please contact the Chinese school office for the Student Carpool Service information 學生接載服務請洽協和中文學校辦公室					

Parents / Guardian information 家長或監護人資料:

Name (Please print) 姓名	Signature 簽名	Today's Date 日期

Home Address 住址		

Home Phone 住家電話	Work Phone 工作電話	Cell Phone 行動電話

Please Make Check Payable to 支票抬頭請寫 **CLC-CS** Check No 支票號碼: _____

Enroll NOW, make a payment before May 29 /2026 to waive \$50 Registration fee

Emergency Contact 緊急聯絡人資料：

Please list at least one local person for us to call for children' illness, accident or other emergency reasons. 請家長/監護人填寫至少一位緊急事故聯絡人。

Name 姓名： _____ **Relation to Student 與學生的關係：** ____

Home Address 住址： _____

Home Phone 住家電話： _____ **Mobile Phone 行動電話：** ____

Name 姓名： _____ **Relation to Student 與學生的關係：** ____

Home Address 住址： _____

Home Phone 住家電話： _____ **Mobile Phone 行動電話：** ____

Medical Information 學生醫療資訊：

Name of student's physician or clinic 醫生與診所名：

Physician address and phone 醫生診所地址與電話：

Name of medical insurance and policy No. 學生保險資料與號碼：

Medical attention 學生需特別注意的健康狀態：

List any Allergies 學生會過敏的食物：

緊急授權及免除醫療責任聲明書

STUDENT LIABILITY RELEASE AND WAIVER

By signing this form, I give my consent to have my child/children_____ (children' name) voluntarily attend all of the activities and field trips of the Chinese School of Concordia Lutheran Church.

My child/children are in good physical condition and has adequate medical insurance coverage. In case of accidents, Concordia Lutheran Church and Chinese School has my(our) authority to provide necessary emergency medical attention.

In consideration of my(our) Child's participation, I(We) hereby release and hold harmless to Concordia Lutheran Church And Chinese School, its officers, employees, field trips drivers, authorized volunteers and agents from any and all liability that may occur as a result of his/her attendance in various programs at Concordia Lutheran Church and Chinese School.

Parents / Guardian Signature: _____ Date: _____

協和中文學校無法繼續提供服務的情況如下：

Right to Refuse Service Policy:

I understand that the Concordia Lutheran Church And Chinese School reserve the right to refuse service when:

- Parents or children fail to follow the Concordia Lutheran Church And Chinese School policies and procedures.
- Parents or children physically and verbally abuse to other children or staff.
- Failure to make payment as scheduled.
- The Director and the school officials at their discretion believe that the continued service is not in the best interest of the child and or Concordia Lutheran Church And Chinese School.
- Failure to inform Concordia Lutheran Church And Chinese School that your children has special needs.
- Failure to provide updated information and records.

Parents / Guardian Signature

Date

STUDENT RELEASE/ PICK UP POLICY

協和中文學校學生下課家長接送規則

As parent/guardian, I understand that the Concordia Lutheran Church and Chinese School will end by 6:30 p.m. Students will not be released to go home from the Program until they are signed out by the parent/guardian or one of the individuals listed below:

Name of the Parent/ Guardian/Caretaker (Please print)

When I am unable to pick my child up, I give Concordia Lutheran Church And Chinese School staff permission to release my child to:

_____**Name/Relationship**

_____**Phone Numbers: Home/Work/Cell**

_____**Name/Relationship**

_____**Phone Numbers: Home/Work/Cell**

協和中文學校學生影像、照片使用同意書

PHOTO/VIDEO RELEASE

During your child's attendance in the Concordia Lutheran Church And Chinese School, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes. My child ____ may ____ may not be photographed/videotaped by Concordia Lutheran Church And Chinese School for promotional purposes. I authorize the Concordia Lutheran Church And Chinese School to photograph or videotape my child during Concordia Lutheran Church And Chinese School activities and to edit or use any photographs or recordings at the sole discretion of Concordia Lutheran Church And Chinese School. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the Concordia Lutheran Church And Chinese School has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

_____ Parent/Guardian Signature

CARPOOL SERVICE LIABILITY RELEASE AND WAIVER

接載服務免除責任聲明書

Child's Name _____

With this signed agreement, I/We (I) absolve the driver, Concordia Chinese School, and all members of its governing boards of any responsibility for the safety, welfare, health, and well-being of the child named above.

I/We understand that the driver will take what can be called reasonable care for children in his car and that the children are subject to the driver's clear instructions during transportation. I/We assume personally and exclusively all responsibility and liability for accident, injury, etc., which may occur beyond those areas covered by the driver's auto insurance policy and which may also occur to the above named child/children during the time of transportation from the child's school to Concordia Chinese School.

Parent/Guardian signature: _____

