

註冊表格 Fall 2010 Registration Form

Contact Info is New / Old



紐澤西州華人協誼會
華協中文學校
Chinese Language School
Grace Lutheran Church
925 Fifth Avenue, River Edge, New Jersey
www.ccnj888.org
cccnj888@gmail.com

English Last name, First name		Occupation (optional)		Email	
父親姓名 Father:	Y / N		Y / N		Y / N
母親姓名 Mother:	Y / N		Y / N		Y / N
地址 Address:					Y / N
電話 Home Phone:	Y / N	Dad Cell	Y / N	Mom Cell	Y / N

Please circle Y or N to permit or not permit the contact info above to be published in the school directory

學生姓名 Student's Name	中文 Chinese	English Last name,	First name	出生日期 Date of Birth	級別 Class	學費(一學期) Tuition /Semester
1						\$180.00
2						\$180.00
3						\$140.00
4						\$140.00

**DO NOT SEND THE REGISTRATION FORM AND CHECK TO THE GRACE LUTHERAN CHURCH PLEASE SEND IT TO :

CCCNJ
c/o Howard Sigman
557 Edmund Terrace
Paramus, NJ 07652

請在支票抬頭上填上CCCNJ.

Please make check payable to CCCNJ.

學費總計
Total Tuition
會員費
CCCNJ Membership
Per Family (\$20 annual)
Non-refundable Registration
Fee Per Family (\$30 annual)

總數
Total

支票號碼
Check #

\$20.00

\$30.00

\$180.00

\$180.00

\$140.00

\$140.00

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或其導師或行政人員之法律責任提出控訴。

The undersigned agrees to waiver any claims against the Chinese Community Center of New Jersey, Inc.'s Chinese Language School at the Grace Lutheran Church at 925 Fifth Avenue in River Edge, 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 Grace Lutheran Church, and I fully understand that I shall not file any claims against the Chinese Community Center of New Jersey, Inc. or Grace Lutheran Church or any administrative personnel in an accidental injury.

日期：
Date: _____

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