

註冊表格

ADULT CANTONESE Registration Form

SEMESTER _____

- FALL SEMESTER
 SPRING 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

info@ccnj888.org

| | |
|----------------|--|
| Full Name: | |
| Email Address: | |
| Date of Birth: | |
| Gender: | |
| Address: | |
| Phone Number: | |

New Families: How did you hear about us?

| | |
|---|--|
| <ul style="list-style-type: none"> Current Proficiency Level: <ul style="list-style-type: none"> ○ Beginner ○ Intermediate ○ Advanced Reason for Learning the Language: <ul style="list-style-type: none"> ○ Personal Interest ○ Travel ○ Professional Development ○ Other (Please specify): _____ | <p><u>SPRING 2025 CLASS DATES:</u></p> <p>1/25, 2/8, 2/22, 3/1, 3/8, 3/15, 3/22, 3/29 4/5, 4/26 5/3, 5/11, 5/17, 5/31</p> <p>CLASSES RUN 9:30AM – 12 NOON. (15 MIN BREAK AT 10:30AM)</p> |
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|---|--|-----------------|
| Registration can be in person or forms may be emailed to info@ccnj888.org Payment via Zelle   Payments@ccnj888.org | SPRING Semester Tuition | \$325 |
| | | |
| | | |
| | 總數 Total (Non-Refundable) | |
| | (請在支票抬頭填上 CCCNJ) (Please make check payable to CCCNJ) | 支票號碼 Check # |

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:
 Signature: _____

日期:
 Date: _____