

卡加利華僑中文學校

Calgary Chinese Public School Society

Operated by The Calgary Chinese Public School Society Email address: ccps@shaw.ca web address: ccpschool.ca Facebook website: www.facebook.com/calgarychineseprivateschool 126 - 2nd Avenue, SW Calgary, Alberta T2P 0B9 Tel: 403-264-2233 Fax: 403-282-9854

2024年7月份暑期班學生註冊章程及表格

暑期班學生註冊訂於 2023 年 12 月 9 日開始。

别:幼稚園至小學三年級/小學四至六年級 組

上課日期及時間: 2024年7月2日至7月5日(第一期)、7月8日至7月12日(第二期) 星期一至五 上午9時至下午3時 費:第一期\$200,第二期\$250(一併報讀兩期,學費為\$430)若留校至五時,每期加收\$50。 課程內容:(註:主題式中文及下午活動待定)

	星期一	星期二	星期三	星期四	星期五
9:00 am- 12:00					
主題式中文	在餐館裏	在超級市場裏	在家裏	在學校裏	在公園裏
12:00-1:00 pm	午膳(自備)				
1:00 pm- 2:00 pm	活動	活動	活動	活動	活動
2:00 pm-3:00 pm	活動	活動	活動	活動	活動

二、 學費繳交辦法:請填妥學生註冊表,並與支票一併繳交。支票抬頭: Calgary Chinese Public School Society

三、 退學申請:辦理退學須於6月30日或之前申請,本校將扣除手續費\$60,餘款退還申請人,若在6月

30日後甲請退學,	学質一概个于迟返或轉议。	
中文姓名	英文姓名	
Chinese Name :	English Name:	
	(Family N	Name) (First Name / Other Name)
中文學校現讀班級	英文學校現	見讀班級
Grade at Chinese School:	Grade at Eng	glish School:
報讀暑期班組別:□七月份第一期	□七月份第一、二期	🗌 幼稚園至三年級 🛛 小學四至六年級
出生日期Date of Birth:		年齡Age:
亞省醫療號碼	電子郵件	
Alberta Health Care Number:	Email Address	
地址		郵遞區號
Address:		Postal Code:
電話	緊急聯絡電話	
Phone No.:	_ Emergency Phone No.:	
家長或監護人姓名		關係
Name of Parent / Guardian:		Relationship:
地址		電話
Address:		Phone No.:

Waiver Release (豁免聲明)

I understand that my child is involved in and participates in the learning programs and activities of the Calgary Chinese Private School (the "School") operated by the Calgary Chinese Public School Society (the "Society"). While every care is given to ensure a safe environment, I do not hold the School and the Society, any of its staff and volunteers, liable in case of injury or harm, however arising, sustained by my child. 本人明白我的孩子在 卡加利華僑中文學校學習期間,每方都會竭盡全力,提供一個安全的學習環境。在這個前提下,如果我的孩子在學習期間受到傷 害,我同意不會要求學校及其校董會,包括其校董會成員,員工和義工負任何責任和提出賠償。

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

_ Date 日期:_____

校方專用For Office Use Only Summer School Fee \$200/\$250 / \$300 Biweekly \$430 / \$530 Remarks Cheque / Cash Receipt No .: Cheque No. Date Received: with Bank Name

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Acknowledgement of Risk, Consent of Parent or Guardian, Release of Liability/Responsibility

STUDENT LEAGAL NAME_____

Summer Class:

The School will make every reasonable effort to ascertain that:

- The supervisors and staff of the Service Provider are experienced and qualified.
- The students who undertake the program or activities will be adequately supervised.
- The classrooms and/or facilities where the activity will take place are appropriate and safe.
- Any equipment made available by the Service provider or used in the activity is deemed to be appropriate, safe and well maintained.

Consent and Acknowledgement of Risk

- I am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that information provided to me by the school or Board to the extent that I require and am not, in any way, relying solely upon information provided by the school respecting the nature and extent of the risks and hazards associated with the program or activity.
- 2. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- 3. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
- 4. In the event that my child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that he/she not participate in the program or activity, or that I will be contacted to have him/her picked up.
- 5. I acknowledge that it is my responsibility to advise the school of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
- 6. Based on my understanding, acknowledgement, and consents as described herein, I agree that ______ has my permission to participate in this program or activity. (Legal name of Student)

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of the acceptance of the registration of my child to participate in the school, I agree to indemnify and hold harmless Calgary Chinese Private School, its teachers, staff and employees (the "School") from all claims for injuries, damages, losses, death, costs and expenses of all kinds, including legal fees, in any way arising from or related to school activities both on and off school site.

I acknowledge that School does not warrant any personal equipment/property or the negligent use of any personal equipment/property.

Release of Responsibility

To protect student's safety, the School does not permit any student to leave the building during the school hours. In the event that any student leaves the building without school's permission, the School holds no responsibilities for any activities, incidents, and accidents that may occur off-site.

Photograph Release

I am aware that for the purposes of communications between parents and the school and promotion of the school that the likeness of my child may be used in form of photographs, videotape or audio recordings. I hereby grant permission to use any such photos, videotape or audio recordings without further approval from myself, my heirs, executors or administrators.

Date:

Name:

Parent/Guardian (Please Print)

_____ Signature:_____

Parent/Guardian