## 卡加利华侨中文学校(小学部)

## Calgary Chinese Private School (Kindergarten & Elementary School Section) 2024-2025 年度注册表格 Registration Form

中文姓名 Chinese Name: 注册日期	:	英文姓名 English Na 注册班级	ame: (Fir	rst)(Middle	e)(Last)			
	1:		gistered:					
中文学校现读	斑级	英文学校	交现读班级 English School:					
是否新生□,	从何校转来							
注册班级:								
□广东	话繁体班 Cantone	se (星期六 Saturday	/) 上午班 Morning Se	ession 9:00 am	n – 12:00 noon			
□普通	话简体班 Mandari	n (星期六 Saturday)	)下午班 Afternoon S	Session 1:00 pm – 4	4:00 pm			
出生日期 Date of Birth	(MM/DD/YY)	性别 _Gender:	亚省教育厅编号 AB Education Student II	)#:				
亚省医疗号码 A	` '	er:						
地址 Address:	址 Address:邮政号码Postal Code:							
Citizenship Sta	itus:							
☐ Citizen	☐ Permanent Re	esident	nt Visa Expiry Date:(必須	页填写)				
第一位联络人姓 First Contact Per	名 erson:	关系 Relationship:	电话 Phone No.:	电邮 Email:				
第二位联络人姓 Second Contact	名 Person:	关系 Relationship:	电话 Phone No.:	电邮 Email:				
Waiver Release	 e (豁免声明 <u>)</u>							
在学习期间受到 I understand that r operated by the Ca and the Society, and	リ伤害,我同意不会要求my child is involved in and Calgary Chinese Public Sch any of its staff and volunted	於学校及其校董会,包括 d participates in the learning nool Society (the "Society").	竭尽全力,提供一个安全的 其校董会成员,员工和义力 g programs and activities of the . While every care is given to o or harm, however arising, susta	工负任何责任和提出赔 e Calgary Chinese Privat ensure a safe environmen	· 法偿。 te School (the "School") nt, I do not hold the School			
	or Office Use Only GKL 幼低班	GKU 幼高班	Gr1-Gr5 (一至五年级)	Grade6 (六年级)	Τ ,			
Cheque / Cash	全年学费: \$380	全年学费: \$400	全年学费: \$380	全年学费: \$420	Remarks			
Cheque No. With Bank Name					Graduation fee: (GKU) Extra \$20			
Receipt No.					(Grade 6) Extra \$40			
Date Received					Early bird: Less \$20 (Before June 30, 2024.)			

- ※ 学生于开学前拟申请退学者,须于9月1日或之前用书面通知本校办理。本校将扣除手续费\$80,余款退还申请人。若在开课日后申请退学,学费一概不予退还或转让。Written withdrawal should be submitted on or before September 1, 2024. Tuition fee will be returned with a deduction of \$80 administration fee. No refund and no transfer for withdrawal made after September 1, 2024.
- ※ 所有学生都需要填写注册表,并连同学费一起提交。(**支票日期为注册当日日期)** All students need to complete the Registration Forms, and submit along with the tuition fees.

Please fill in the student's name and grade in the message box.



(MM/DD/YY)

126 - 2<sup>nd</sup> Avenue, SW Calgary, Alberta T2P 0B9 Tel: 403-264-2233

Parent/Guardian

Email: ccps@shaw.ca Website: ccpschool.ca

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

			STUDENT LEAGAL N	AME			
			GRAD	DE:	_ <b>AM/PM</b> (please circle)		
The	School will make every reasonable effort to	ascertain that:					
	The supervisors and staff of the Service	·	·				
	The students who undertake the programmer.	gram or activities will be a	dequately supervised.				
	The classrooms and/or facilities when	re the activity will take plac	ce are appropriate and safe.				
	Any equipment made available by the	e Service provider or used	in the activity is deemed to	be appropriate, sa	afe and well maintained.		
Cor	sent and Acknowledgement of Risk						
1.	I am satisfied that I have been informed of information beyond that information provide information provided by the school respect	ed to me by the school or ing the nature and extent	Board to the extent that I record the risks and hazards ass	quire and am not, i ociated with the p	n any way, relying solely upon ogram or activity.		
2.	I freely and voluntarily assume the risks an child, as a participant, may suffer personal	and potentially serious inj	ury due to an unforeseeable	or fortuitous ever	t.		
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.			ons imposed on the student while participating in the program or activities, 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 in the stated program or activity.	advise the school of any	medical or health concerns of	of my child which i	may affect his/her participation		
6.	Based on my understanding, acknowledge to participate in this program or activity.	ment, and consents as de	scribed herein, I agree that	(Legal name of S	has my permission tudent)		
Rela	ease of Liability, Waiver of Claims and Ind	lemnity Agreement					
In co Priv	onsideration of the acceptance of the registra ate School, its teachers, staff and employees uding legal fees, in any way arising from or re	ation of my child to particip s (the "School") from all cla	ims for injuries, damages, lo				
I ac	knowledge that School does not warrant any	personal equipment/prope	erty or the negligent use of a	ny personal equip	ment/property.		
Rele	ease of Responsibility						
Тор	protect student's safety, the School does not building without school's permission, the Sch						
Pho	tograph Release						
use	n aware that for the purposes of communicati d in form of photographs, videotape or audio ner approval from myself, my heirs, executors	recordings. I hereby grant					
Date	e: Name	:	Sig	nature:			

Parent/Guardian (Please Print)