## 卡加利华侨中文学校(中学部)

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

中文姓名		英文姓名					
Chinese Name:		_	e:	(First)	(Middle)(Last)		
注册日期 Data Basistanada		注册班级 Condo Pagint	1,				
•		Grade Regist					
, , , , , , , , ,	学校现读班级						
		_					
普通话简体等	子						
星期日	Sunday	上午班 Morning Sessio	on 9:00 a	n.m. – 12:00 noo	n		
出生日期		性别	亚省教育厅编号				
Date of Birth	0.0400.000	Gender: A	AB Education Stud	lent ID#:			
业省医疗专码 Alb	berta Health Care N	fumber:					
地址 Address:	b址 Address:						
Citizenship Statu	us:						
Citizen	Permane	ent Resident	Visa Expiry Date	::(必须填写)			
第一位联络人姓名		关系	电话	电	申忆		
First Contact Person:Re		Relationship:	Phone No.: _	E	mail:		
第二位联络人姓名		关系	电话	电	邮		
Second Contact Person: Rel		Relationship:	Phone No.: _	E	Email:		
Waiver Release	(豁免声明)						
		中文学校学习期间,每方都会竭力					
		会要求学校及其校董会,包括其 <b>村</b>					
I understand that my operated by the Cal	y child is involved gary Chinese Publ	in and participates in the learning pric School Society (the "Society"). W	ograms and activitie	s of the Calgary Chines yen to ensure a safe env	se Private School (the "School") ironment. I do not hold the School		
and the Society, any	y of its staff and vo	olunteers, liable in case of injury or h	arm, however arising	g, sustained by my child	d.		
Parent/Guardiar	_	:/监护人签署:					
 校方专用 <b>For</b>		 nly					
Cheque / Cash		b),Gr11 (七、八、十、十一年级) 全年学费: \$380	Grade9, Grade12 全年号	2 (九年级及十二年级) 4费: \$420	Remarks		
Cheque No. With Bank Name					Graduation fee: (Grade 9 & 12) Extra \$40		
Receipt No.					Early bird: Less \$20		
Date Received					(Before June 30, 2022.)		
45							

- ※ 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 Email: ccps@shaw.ca

Website: ccpschool.ca

Parent/Guardian

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

	ST	STUDENT LEAGAL NAME				
		GRADE:	AM/PM (please circle)			
The	School will make every reasonable effort to ascertain that:					
	The supervisors and staff of the Service Provider are experienced.	•				
	The students who undertake the program or activities will be adec					
	The classrooms and/or facilities where the activity will take place	• • •				
	Any equipment made available by the Service provider or used in	the activity is deemed to be appropria	ite, sate and well maintained.			
Cor	nsent and Acknowledgement of Risk					
1.	I am satisfied that I have been informed of my right to obtain as much ir information beyond that information provided to me by the school or Bo information provided by the school respecting the nature and extent of	pard to the extent that I require and am	not, in any way, relying solely upor			
2.	I freely and voluntarily assume the risks and hazards inherent in the natchild, as a participant, may suffer personal and potentially serious injury					
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 me in the stated program or activity.	edical or health concerns of my child w	hich may affect his/her participation			
6.	Based on my understanding, acknowledgement, and consents as described to participate in this program or activity.		has my permission e of Student)			
Rele	ease of Liability, Waiver of Claims and Indemnity Agreement					
In co Priv	onsideration of the acceptance of the registration of my child to participate rate School, its teachers, staff and employees (the "School") from all claim uding legal fees, in any way arising from or related to school activities both	ns for injuries, damages, losses, death,				
	knowledge that School does not warrant any personal equipment/property		equipment/property.			
Dala	ease of Responsibility					
Тор	protect student's safety, the School does not permit any student to leave t building without school's permission, the School holds no responsibilities					
Pho	otograph Release					
l am use	n aware that for the purposes of communications between parents and the d in form of photographs, videotape or audio recordings. I hereby grant pener approval from myself, my heirs, executors or administrators.					
Date	e· Name·	Signature:				

Parent/Guardian (Please Print)