

中文学校

SCV Chinese School

# Santa Clarita Valley Chinese School

Contact: 1-661-505-8020

[principal@scvChineseSchool.com](mailto:principal@scvChineseSchool.com), [www.scvChineseSchool.com](http://www.scvChineseSchool.com)

## SCVi Special Registration Form (Spring 2010)

### PARENTS OR GUARDIAN INFORMATION

NAME: Mr. \_\_\_\_\_ E-MAIL \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mrs./Ms. \_\_\_\_\_ E-MAIL \_\_\_\_\_ Cell phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Other E-MAIL(s): \_\_\_\_\_

### EMERGENCY CONTACT PERSON (Other than parents or guardian)

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### STUDENT(S) ENROLLMENT INFORMATION

ENGLISH NAME	中文姓名	GENDER	DOB (MM-DD-YYYY)	TUITION*
_____	_____	_____	_____	\$230 (1 <sup>st</sup> )
_____	_____	_____	_____	\$196 (2 <sup>nd</sup> )
_____	_____	_____	_____	\$184 (3 <sup>rd</sup> )

**Tuition** 优惠 Sibling Discount 15% then 20%; Held on Sundays at SCVi, 2+1 classes, 1:30-4pm, 16 weeks;

### NON-REFUNDABLE FEES:

<b>TEXT BOOKS + MATERIALS FEE PER STUDENT:</b>	\$10 + \$10	_____
<b>SPRING ENRICHMENT REGISTRATION PER STUDENT:</b>	\$25	_____
<b>SPRING REGEISTRATION FEE PER STUDENT:</b>	\$25	_____
SCVi Student Special Credit if Enrolled in the Introductory Class	-\$45	_____

**TOTAL AMOUNT: Check# \_\_\_\_\_ (PAYABLE TO SCV CHINESE SCHOOL or SCVCS) \$ \_\_\_\_\_**

Mailing Address: SCVCS, 32210 N. Vista Point Pl, Castaic, CA 91384

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND WAIVER OF CLAIMS

I, hereby, give permission for the above registered student(s) to participate in Santa Clarita Valley Chinese School (SCVCS) language classes and cultural activities for the current semester/year. Should she/he become ill or injured during the school hours, she/he may receive necessary first aid and medical treatments. This authorization is given pursuant to Section 25.8 of the civil code of California State.

I will not hold SCVCS, its officers or teachers liable for medical and other expenses incurred in her/his care. I am hereby, waiving all claims against the SCVCS for injury, accidents, illness or death occurring during the program hours.

Parent/Guardian/Adult Self Signature

Date

**School Use: Total Received**

**By**

**Date**