



2018-2019 富樂頓中文學校

FULLERTON CHINESE SCHOOL REGISTRATION

School Location:
Sunny Hills High School

成人中文班 ADULT CHINESE SCHOOL

STUDENTS:

NAME CHINESE 中文 EMAIL (required) CELL. PHONE

學生
Student: _____

通訊地址
Home Address: _____ 電話 _____
Home Phone

NOTE: Check only one of the three boxes above! (→) The chosen one will be listed in "class roll" and "Member and Student Handbook."

CITY STATE ZIP

PAYMENTS:

Note: The school reserves the rights to merge or cancel class(es) without notice.

| § Tuition (1-year) | Membership | £ Registration Fee | Total | Paid by Check # |
|--------------------|------------|--------------------|-------|-----------------|
| \$480 | \$25 | \$50 | | |

To complete registration, please make check payable to **FCCA**.

Mailing Address: **FCCA, P.O. Box 2370, La Habra, CA 90632**

£ Registration fee is waived for early registration (postmarked by June 30).

§ Textbook and material cost will be additional charge.

REFUND POLICY: Full and Half refund can be made if it is requested within first 4 and 8 weeks of fall semester, respectively. No refund after 8th week of fall semester. Registration and membership fees are non-refundable. Only earned parent service points are refundable.

FOR OFFICE USE ONLY

| Date | Tuition | Membership | Registration | Total | Amount Paid | Check# | Received By |
|------|---------|------------|--------------|-------|-------------|--------|-------------|
| | | | | | | | |

EMERGENCY AUTHORIZATION & INSURANCE WAIVER DECLARATION: *List Names of All Students in Your Family*

STUDENTS: _____

- The undersigned party will hold the Fullerton Chinese School (hereinafter known as "School") harmless from all liability from loss, damage, or injury to persons or property in any manner arising out of any incident while attending the School and/or School sponsored activities, including without limitation all consequential damages, whether or not resulting from the negligence of School or its agents.
- The student(s) is (are) in good physical condition. Should the student become ill or injured during activities, the student may be admitted to the hospital in case of emergency. This authorization is given and remains effective unless otherwise notified in writing to the School. The undersigned party will not hold the School or its officers, teachers, or agents liable for medical aid rendered and will reimburse the School for medical and other expenses incurred in the care of the student. The undersigned party hereby waives all claims against the School for illness, accident, injury, or death occurred during the school activities.
- Please list any medical precautions: _____

- Name of your medical insurance carriers and policy number: _____
- In case of emergency, contact:
NAME: _____ EMAIL: _____ PHONE: _____
NAME: _____ EMAIL: _____ PHONE: _____
- This agreement is applicable for all students listed above during the period of attendance at the Fullerton Chinese School.

Signature

Print your name

Date

The Fullerton Chinese School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.