

圣安东尼第一华人浸信会中文学校
FCBCSA Chinese School Student Registration form

Student Chinese Name	English Name	Gender	Date of Birth	Allergies/Meds

Father's Name: _____ Mother's Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Emergency Contact: #: _____

Email: _____

Parent Release and Agreement

I give my permission for my child(ren) listed above to attend the Chinese School. I authorize my child to receive emergency medical treatment provided by a staff member of the Chinese School, the First Chinese Baptist Church of San Antonio, or a medical facility. In case of such emergency medical treatment provided, I agree to be responsible for all actual fees and costs incurred. I agree to release the Chinese School, its staff members, and the First Chinese Baptist Church of San Antonio from any legal and/or financial liabilities if my child suffers bodily injuries while on the premises of the Chinese School or the Church. I will help to maintain order and safety of all students and take full responsibility if the above mentioned student caused any damage to school property. If the above mentioned student withdraws from school during the first two weeks of semester, school will refund 70% of the tuition. No refund after two weeks. If the student will be absent from a class, please notify the teacher.

Parent Signature: _____ **Date:** _____

For School Use Only

Tuition (\$120).....\$ _____

Registration (\$10).....\$ _____

Textbooks (\$10-\$50)\$ _____

Pre-School Class _____ Book One _____ Book Two _____ Book Three _____ Book Four _____ Book Five _____

Book Six _____ Book Seven _____ Book Eight _____ Book Nine _____ Adult Class _____

Art/Craft, Penmanship/Calligraphy Class Material Fee (\$40)\$ _____

Total Due: Checks to be made out to FCBCSA Chinese School\$ _____

Name on Check _____ Ck No. _____ Ck Amt \$ _____

Amt of Cash: \$ _____ Fees Collected by: _____