



卡城中文學校
Calgary Mandarin School

註冊報名表
Registration Form

Office Use Only No. _____ *
Total Payment: _____
<input type="checkbox"/> cheque no. _____
Cashier: _____

Parent/Guardian Information 家長資料

Surname, First 英文名	Chinese name 中文名	Language(s) at home 在家使用語言
Address 住址	City/Province	Postal Code
Email 電郵	Cell Phone/Home Phone 電話 (行動) / (住家)	
How did you hear about us? (e.g. search engine, advertisement source, recommendation etc.) 如何得知本校訊息?		

Student Information 學生資料

Surname, First 英文名	Chinese Name 中文名	Gender 性別
Birth Date 生日	Public School Grade 公立學校年級	Registering for Chinese School Grade 欲報名中文學校年級
Medical History (allergies, disabilities, medications etc.) and Special Instructions 病歷 (過敏, 身心理障礙, 服用藥物) 與特別指示		

Surname, First 英文名	Chinese Name 中文名	Gender 性別
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Emergency Contact 緊急事故聯絡人資料

Emergency Contact Name 緊急事故聯絡人	Emergency Contact Phone 緊急事故聯絡電話
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Terms and Conditions:

1. Full payment is required at the time of registration by cash or cheque payable to Calgary Mandarin School with the student name on the cheque memo. Each NSF cheque is subject to a \$30 processing fee. 2. A written request to principal@calgarymandarinschool.ca is required for class withdrawal. A partial refund of tuition fee only less a \$50 administration fee would be issued if the written request is received at least 2 weeks before the school starts. No refund is possible after the aforementioned deadline. 3. The School can release student photos and videos for school publications unless the guardian of students informs the School in writing specifically refusing consent.

Liability Wavier:


Calgary Mandarin School Association and its affiliates carry liability insurance according to the School Act Section 60 for the purpose of indemnifying their board members and employees in respect of claims for damages to property or personal injury. By signing below, I hereby waive any and all claims which I may have against the School and its affiliates from all liability for injury, death, property damage or any other loss sustained by myself or any of my wards as a result of their participation in the school activities due to any cause whatsoever.

By signing this form, I have read and agreed to the above Terms and Conditions and Wavier.

簽署本書表示您同意所有以上相關規定

Printed Name: _____

Relationship to student(s): _____ Signature: _____ Date: _____

Calgary Mandarin School Association Receipt	No. _____ *
Fee Items: _____	
Total Received: _____ <input type="checkbox"/> cash <input type="checkbox"/> cheque No. _____	Charity BN: 749947115 RR0001
Date: _____ Cashier: _____	