

# 華新中文學校

Hwa Shin Chinese School, P.O. Box 82, Mountain View, CA 94042

## Registration Form(註冊單)

Level: \_\_\_\_\_ School : Jordan Sat\_\_ Fairmeadow Wed \_\_ Laurel Tu&Fri\_\_

Student Name: \_\_\_\_\_ Chinese Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ (MM/DD/YY) Sex: M F Age: \_\_\_\_\_

Parent's Name: Father \_\_\_\_\_ (Chinese) \_\_\_\_\_

Mother \_\_\_\_\_ (Chinese) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

If Parent cannot be reached, contact: \_\_\_\_\_ phone \_\_\_\_\_

I on behalf of the family hereby release the Hwa Shin Chinese School and their agents (PAUSD and MPCSD) from any liability resulting from participation in the above mentioned activity. I also acknowledge the registration and refund policy on the web.

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_