**莘莘中文學校**

**United Chinese Learning Center**

**2024 Fall Registration Form (9/7/2024– 1/25/2025)**

**School Address: 6931 Edinger Ave. Huntington Beach, CA 92647**

**Mailing Address: P. O. Box 3118, Huntington Beach , CA 92605-3118**

**714-841-7587 714-362-4616 Email:** [**office@uclchb.org**](mailto:office@uclchb.org) **Website: www.uclchb.org** **Student Information (One family per form)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chinese Name | English Name (Last, First) | Birth Date  mm/dd/yyyy | Gender | Grade/school |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Weekday and Weekend Mandarin Program Child 1 Child 2 Child 3**

Monday, Tuesday,Wednesday 3:30pm-5:30pm **$ 850.00 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

Monday,Tuesday 3:30pm-5:30pm **$ 650.00 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

Friday Conversational Class 3:30pm-5:30pm **$ 350.00**  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Saturday Kinder (4-5.5yrs) 9:00 am-12:00pm  **$ 500.00** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Saturday Morning Level 1-5 9:00 am-12:00pm  **$ 500.00 \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

Saturday Afternoon Level 1-5 1:30pm-4:30pm  **$ 500.00 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_**

Friday and Saturday F 3:30-5:30pm+ S ( am or pm) **$ 750.00 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

High School Credit Class Sat 9:00am -3:00pm **$ 850.00** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Textbook and Material Fee **$ 10.00 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

Registration Fee per family **(Waived before 6/30) $ 30.00 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Elective Class:**

Children’s Folk Dance Thursday 4:00pm-5:00pm **$330.00** \_\_\_\_\_\_

Adult Dance Class Thursday 5:00pm-6:00pm **$270.00** \_\_\_\_\_\_

Adult Conversational Class Saturday 1:30pm-4:30pm **$350.00**

\_\_\_\_\_\_

**\*Dance Class at Cha Cha Dancing Gym 6908 Warner Ave, HB 92647**

**Grand Total ===========**

**Please make check payable to : U.C.L.C.**

**Drop off check at office or mail to : P O Box 3118, Huntington Beach, CA 92605-3118**

For Office Use: Fee Paid: $\_\_\_\_\_\_\_\_\_\_ Ck #\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ Received By\_\_\_\_\_\_\_\_\_

**Family Information**

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: (Please print clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Parents/Guardian**

**\*** Pease specify if your child has any known food allergies or dietary restrictions:

**\***I give permission to UCLC authorized personnel to administer basic first aid to the student as appropriate. I also give permission to UCLC authorized personnel to arrange transportation for the student in case of accident or acute illness and to arrange for medical care at the closest hospital in case of emergency. I understand that an effort will be made to notify me before such action is taken.

**\*** In case of illness or accidents, UCLC is not responsible for medical and other expenses incurred. I hereby waive any claim against UCLC for the illness, accident or injury that may occur as a result of my child’s participation in UCLC’s program.

**\*** I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in its websites or other media published by UCLC.

[ ] Please check box if you do not want your child’s picture showed on media published by UCLC.

Signed by Parent/Guardian：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**UCLC** Office : 714-841-7587 Principal Luo 羅校長: 714-362-4616

[office@uclchb.org](mailto:office@uclchb.org) meitaurmft@gmail.com