



# 長島南灣中文學校

C.A.A.L.I. Chinese School

P. O. Box 486, Valley Stream, N.Y. 11582

CAALI@outlook.com

## 報名表 Registration Form

日期 Date: 年 Year 月 Month 日 Day

學生信息 Student(s) Information	中文姓名 Full Name	出生日期 Date of Birth 性別 Gender [ ] 男 Male [ ] 女 Female	[ ] 新生 New Student [ ] 在校學生 Existing Student 班級 Class:		
	中文姓名 Full Name	出生日期 Date of Birth 性別 Gender [ ] 男 Male [ ] 女 Female	[ ] 新生 New Student [ ] 在校學生 Existing Student 班級 Class:		
	中文姓名 Full Name	出生日期 Date of Birth 性別 Gender [ ] 男 Male [ ] 女 Female	[ ] 新生 New Student [ ] 在校學生 Existing Student 班級 Class:		
	中文姓名 Full Name	出生日期 Date of Birth 性別 Gender [ ] 男 Male [ ] 女 Female	[ ] 新生 New Student [ ] 在校學生 Existing Student 班級 Class:		
家庭資料 Family Information	父親或监护人中文姓名 Father or Guardian's Full Name	家用電話 Home Phone 手提電話 Cellular Phone	職業 Occupation		
	母親或监护人中文姓名 Mother or Guardian's Full Name	家用電話 Home Phone 手提電話 Cellular Phone	職業 Occupation		
	家庭地址 Home Address City State Zip Code	電子郵箱 Email Address			
學費 Tuition & Fees		Tuition	Fees	Total	支票抬頭請寫 Check Payable to: <b>Chinese American Association of Long Island or CAALI</b>
	第一名學生 First child from the same family	\$430	\$30	\$460	
	第二名學生 Second child from the same family	\$420	\$30	\$450	
	第三名學生 Third child from the same family	\$410	\$30	\$440	
第四名學生 Forth child from the same family	\$400	\$30	\$430		
退費 Refund	第一個星期 75%，第二個星期 50%，第三個星期 25%，第四個星期 0% For any student who wishes to withdraw after school started, following refund rates will be applied: 75% after 1st week, 50% after 2nd week, 25% after 3rd week, and 0% refund afterward.				
免責聲明 Legal Disclaimer	We as parents or legal guardians, hereby agree to the following terms regarding the participation of our child(ren) in activities sponsored by the Chinese American Association of Long Island (CAALI), Inc., a non-profit organization: 1. The said organization or any official thereof will not be held responsible or liable for any injury, accident, or material loss sustained by any of its students. 2. Neither Valley Stream Memorial High School (320 Fletcher Avenue, Valley Stream, NY), nor any official thereof will be held responsible or liable for the personal, or property safety of students of the Chinese American Association of Long Island, Inc.				
	家長或监护人簽名 Parent or Guardian's Signature				日期 Date
For CAALI Use Only	[ ] 現金 Cash [ ] 支票號碼 Check No. 總計 Total: \$ 發票號碼 Receipt No.			收款人 Received by	

感謝您選擇南灣。Thank you for choosing our school.