

A-Class Little Dragons After School (Saturday) Chinese Program 2009-2010

父親姓名 Father's Name:	中文 Chinese:					
	英文 English:					
母親姓名 Mother's Name:	中文 Chinese:					
	英文 English:					
電話 Telephone Number:	家 Home:		公司/手機 Work/cell:			
地址 Address:						
電子通訊 E-mail:						
1. 學生姓名 Participant's Name:	中文 Chinese:					
	英文 English:					
生日 Date of Birth:	(MM/DD/YY):	Age:	性別 Gender:	男(Boy)	女(Girl)	
你會參加任何中國語文課程? Have you attended any Chinese language programs before? 是Yes _____ 否No _____ 在那裡? If yes, which program?						
如果回答是,幾年級? If the answer is yes, which level have you completed?						
在家使用那種語言? Which language do you and your child speak at home?						
語言課程選擇: Program selection:	Ak	A1 - a	A1 - b Students who complete B2	A3	A4	A5

B-classes are designed for students who have never studied Chinese as second language or non-Chinese speaking family.

(Use Pinyin and traditional characters, will lecture in English)

Advanced classes (A-Classes)

are designed for students whose family can assist in homework and study (Chinese speaker at home) and who already know ㄅㄆㄇㄏ (Use traditional characters and lecture in Chinese.)

學費 Tuition:

學區內 In-School District (Middle Country School District): \$250/ student (\$300/ student, after June 30, 2009)

學區外 Out-of-School district: \$350/student (\$400/ student, after June 30, 2009)

TAALI members receive a 10% discount per child.

A late payment fee will apply to checks received/postmarked after June 30, 2009.

收費 Payment methods: 現金 Cash _____ 支票 Check _____ If check, please write the check number: _____

總額 Total: _____

Please make check payable to: TAALI or Taiwanese American Association on Long Island

Send to: Vera Hu-Hyneman

86 Cedarhurst Ave.

Selden, NY 11784

Parent Signature: _____ 日期 Date (MM/DD/YY): _____

A-Class Little Dragons After School (Saturday) Chinese Program 2009-2010
2009/2010 年免責任就醫授權書

Medical Release Form

假如發生意外事故並且 Little Dragons After school Chinese program 的中文教師與行政教育人員聯絡不到您，請將兩位可以代您關照而且替您的小孩負責就醫的親戚或朋友的名字寫出來。

Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.

1.姓名(Name) : _____ 電話(Tel) :

2.姓名(Name) : _____ 電話(Tel) :

3.家庭醫生 (Family Doctor) : _____ 電話 (Tel) :

倘若您所填的資料有任何變更，請儘快通知 Little Dragons After School Chinese Program 的行政教育人員，假設發生意外事故而且 Little Dragons After School Chinese Program 不但聯絡不到父母親，也無法聯絡到父母親所指定的其他負責人，則 Little Dragons After School Chinese Program 的行政教育人員有權替學生採取緊急就醫措施，學生家長不能有任何的異議。

Should there be any changes in the above information, please inform the Little Dragons After School Chinese program immediately. If the Little Dragons After school Chinese program is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the student's parents.

Individuals participate in The Little Dragons at their own risk with parents/guardians assuming responsibilities if minor becomes injured or ill.

Please read and understand the statement below before signing

I _____ the undersigned parent or guardian of _____
(print parent/guardian name) (print child's name)

do hereby release and forever discharge the Middle Country Central School District, together with officers and employees, and the Taiwanese American Association on Long Island together with its officers and employees from all actions or suits in law or equity which I/we might hereafter have by reason or injury or illness sustained while or as a result of my child participating in the Little Dragons Chinese Language Program.

Parent Signature: _____ 日期 Date (MM/DD/YY): _____

A-Class Little Dragons After School (Saturday) Chinese Program 2009-2010 Parental Agreement

Participation in the Little Dragons After School Chinese Program is limited to certain conditions including but not limited to the following:

- 1.) Children must arrive for class on time (this is important).
- 2.) Children must be picked up promptly after class
- 3.) Children must show proper respect for the teachers, each other, parents and school authorities at all time.
- 4.) Parents must volunteer as “Duty Parent” at least one week out of the year.

Duties will include

- wearing the designated shirt, sash vest or uniform so all parents and children can identify you as duty parent
- controlling the master Attendance Sheet.
- serving as Hall monitor
- making sure the classrooms hallways and nearest bathrooms are left in a generally neat and orderly fashion
- handling emergencies such as spills
- providing proper supervision for children waiting for parent pick-up
- thoroughly checking our area of the building for children before leaving.

Please choose one of the **Tentative** Dates are:

Sept. 26	Nov. 14	Jan. 23	Mar. 20	May 22
Oct. 3	Nov. 21	Jan. 30	Apr. 10	Jun 5.
Oct 17	Dec. 5	Feb. 6	Apr. 17	Jun. 11
Oct 23	Dec. 12	Feb. 27	Apr. 24	
Oct 31	Dec. 19	Mar. 6	May 8	
Nov. 7	Jan. 9	Mar. 13	May 15	

I _____ the undersigned parent or guardian of _____
 (print parent/guardian name) (print child’s name)
 agree to the above terms and conditions. I choose _____ as my date to serve as duty parent.

If that date is taken _____ and _____ are good alternates.

Parent Signature: _____ 日期 Date (MM/DD/YY): _____