



# 長島豐盛生命教會中文學校

## Long Island Abundant Life Church Chinese School

7-19 E. Marie Street, Hicksville, NY 11801  
Tel: (516) 938-1245 Email: chineseschool@lialc.org

相片

Recent Photo  
MUST be attached by  
GLUE when  
submitted registration  
form.

### School Year 2017 – 2018

**\*新生請親臨報名**

**Do not accept mail-in registration for new students. Parents, please come in person.**

學生姓名 (中) \_\_\_\_\_ (英) \_\_\_\_\_  
Student Name Chinese Name English Name

出生日期 \_\_\_\_\_ 出生地 \_\_\_\_\_  
Date of Birth Month / Day / Year Place of Birth

\*凡在二零一七年八月三十一日前滿五歲至十七歲為限。Anyone who is between 5 years and 17 years old before 8/31/17.

\*凡幼稚班新生必需呈交出生證明文件副本。All new kindergarteners **must** submit a copy of birth certificate.

新年度班級(中文學校 2017-18) \_\_\_\_\_ 年級 \_\_\_\_\_ 性別 男  女   
Grade (Chinese School 2017-18) \_\_\_\_\_ Grade Sex M  F

\*申請就讀國五、六或七班學生的家長請注意：請預備電子設備給子女在課堂上作中文打字用途。

\* To parents of new M5, 6 or 7 students: Electronic devices will be required during class for Chinese Input.

父親或監護人 Father/Guardian Name \_\_\_\_\_ 手機號碼 Cell No. \_\_\_\_\_

母親或監護人 Mother/Guardian Name \_\_\_\_\_ 手機號碼 Cell No. \_\_\_\_\_

住址 \_\_\_\_\_ 電子郵箱 \_\_\_\_\_  
Home Address E-mail Address

\_\_\_\_\_ 家電話號碼 \_\_\_\_\_  
City State Zip Home Phone No.

家庭醫生姓名 \_\_\_\_\_ 電話號碼 \_\_\_\_\_  
Physician's Name Phone No.

緊急情況聯絡人 \_\_\_\_\_ 電話號碼 \_\_\_\_\_  
Emergency Contact Phone No.

同在本校就讀的兄弟姊妹和年級 \_\_\_\_\_  
Name of Siblings in School & Grade

家庭宗教信仰 Religion \_\_\_\_\_ 食物過敏 Food Allergies\* \_\_\_\_\_

### Parent's/Guardian's Agreement

I will not hold the Long Island Abundant Life Church liable for personal injury to my child while he/she attends the school. In the event that my child becomes ill or injured, I authorize the school staff to administer first aid and/or take my child to a hospital for emergency treatment if necessary. I will pay the medical expense if the above situation occurs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

報名費\$20恕不退還，學費全年\$430(一共\$450)，7/1/2017以前報名可減收\$20

支票抬頭請寫 **LIALC**。同一家庭就讀的第三名子女學費半價。(每名學生請寫一張支票)

Non-refundable application fee is \$20 and tuition is \$430 (Total \$450), \$20 off if paid in full before July 1, 2017.

½ tuition fee applies to the 3<sup>rd</sup> child of the same household. Make check payable to **LIALC**. **(One check for Each Student)**

校方記錄專用 For Office Use Only

銀行: \_\_\_\_\_ 支票#: \_\_\_\_\_ \$ \_\_\_\_\_ 日期: \_\_\_\_\_ 經手人: \_\_\_\_\_ 備註: \_\_\_\_\_

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School Year 2017 –18

## 家長服務表 Parents As Helpers Form

優良的師資與健全的學校是有賴與家長們一起努力耕耘的成果。為了更有效地推展中文學校的活動，我們要求每一位家長參與以下其中一項或多項職務，或繳交五十元以代替參與任何職務。謝謝！

We understand that an excellent quality of education and a well established school system are made possible by coherent teamwork between teachers and parents. Therefore, in order to enhance Chinese School programs, **every parent must participate in at least one of the following areas or pay \$50 fee for non-participating.**

班家長代表 Class Parent

家長會委員 PTA & PBC Committee member (Event Planning)

家長值班：校務室助理，學生點心時間\* Parent-on-duty : Office Helper & Snack Booth

\* Rotating by different parents on monthly basis

\*\*家長值班：請選擇其中一項或兩項 Parent-on-duty: Please check one or two below:-

Available  
SEPT-DEC

Available  
JAN-MAR

Available  
APR-JUN

繳交五十元代替參與工作 Extra \$50 fee will be required on non-participation

(Please issue a separate check make payable to **LIALC**, with your child's name and grade printed on the face of the check.)

家長姓名：\_\_\_\_\_ 學生名字：\_\_\_\_\_

Parent's Name

Student's Name

學生新學年級別 School 2017-18 Class: \_\_\_\_\_ 班/Grade

電話號碼 Telephone#: (home)\_\_\_\_\_ 手機電話#: (cell) \_\_\_\_\_

e-mail address : \_\_\_\_\_

如有任何問題，請與教務部聯絡 (516) 938-1245 或電郵學校致 [Chineseschool@lialc.org](mailto:Chineseschool@lialc.org)

Please contact school administration at (516) 938-1245  
or email us at [Chineseschool@lialc.org](mailto:Chineseschool@lialc.org) if you have any questions.

**此表必須與學生註冊表一同交回**

**This form must be returned upon registration**