



The King's Academy 申请表  
(The King's Academy Registration Form)

9/2019-5/2020

	学生 1 (Student 1)	学生 2 (Student 2)	学生 3 (Student 3)
中文名 Chinese Name			
英文名 English Name			
年级 /Grade (9/2019)			
在家中使用的语言 Language Spoken at Home			
出生年月日 DOB(MM/DD/YY)			
性别(Gender)			
食物过敏/特别健康事项 Special Needs/ Allergies/ Medical information/Other			
地址 Address			
父母姓名 Parent's /Guardian name		紧急联系人 Emergency Contact	
与紧急联系人的关系 Relation to Emergency Contact Person		紧急联系人电话 Emergency Contact person Phone Number	
健康保险名称 Medical Insurance Name		健康保险号码 Insurance ID Number	
主治医生名字 Primary Doctor Name		主治医生电话 Primary Doctor Phone Number	
出席教会			
下午课程选择 Afterschool Program	学生 1 (Student 1)	学生 2 (Student 2)	学生 3 (Student 3)
中文教育 (教材费 \$50) \$280/\$260/\$240 (8/15 以前) \$300/\$280/\$260 (8/15 以后)			
午餐 \$100(秋\$50/春\$50)			
下午课程选择 \$200 (秋\$100/春\$100) 1. Makerspace 2. 韩式鼓(Korean Drum) 3. 中国舞蹈(Chinese Dance)			
总金额 NOT REFUNDABLE			
Cash/Check Payment			

Parental Authorization of Photo/Video

I understand that my child(ren) may be photographed or videotaped during activities and that these photos/videos may be used in promotional materials published by The King's Academy/ KAPCQ.

- I give my consent
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父母签名(Parents Signature)

日期(Date)

Waiver of Liability and Indemnity Agreement Form

As the Parent/Legal Guardian of the student(s) listed above, I authorize The King's Academy/ KAPCQ into whose care the minor has been entrusted, to consent to medical or dental treatment and/or care. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment may deem advisable.

- I give my consent
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父母签名(Parents Signature)

日期(Date)