



킹스아카데미 등록원서

(The King's Academy Registration Form)

9/2019-5/2020

	학생 1 (Student 1)	학생 2 (Student 2)	학생 3 (Student 3)
한글이름 Korean Name			
영어이름 English Name			
학년 /Grade (9/2019)			
집에서 사용하는 언어 Language Spoken at Home			
생년월일 DOB(MM/DD/YY)			
성별(Gender)			
음식알러지/특별건강 사항 Special Needs/ Allergies/ Medical information/Other			
주소 Address			
부모님 이름 Parent's /Guardian name		비상연락자 이름 Emergency Contact	
비상연락자와의 관계 Relation to Emergency Contact Person		비상연락자 전화번호 Emergency Contact person Phone Number	
건강보험 이름 Medical Insurance Name		건강보험 번호 Insurance ID Number	
주치의 이름 Primary Doctor Name		주치의 전화번호 Primary Doctor Phone Number	
출석하는 교회			
오후 프로그램 선택 Afterschool Program	학생 1 (Student 1)	학생 2 (Student 2)	학생 3 (Student 3)
한국어교육 \$130/\$110/\$100 (8/15 이전) \$150/\$130/\$120 (8/15 이후)			
점심 \$100(가을\$50/봄\$50)			
오후프로그램 선택 \$200 (가을\$100/봄\$100) 1. Makerspace 2. 장구(Korean Drum) 3. 중국댄스(Chinese Dance)			
총금액 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

부모님 서명(Parents Signature)

날짜(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

부모님 서명(Parents Signature)

날짜(Date)