



人力中心中文學校

CMP Chinese School

人力雙文課後班 2019-2020 學年招生簡章

人力中心中文學校雙文課後班 2019-2020 學年現開始招收預幼班至八年級學生。上課日期 2019 年 9 月 5 日至 2020 年 6 月 26 日。為適應雙文學校中文教學要求，以繁體字和注音符號教學並學習漢語拼音。輔導中文功課，教授國語正課，開設文化常識文藝體育課程，包括文化歷史知識、歌唱、朗誦、繪畫、書法、象棋、體育等。學年結束舉行結業典禮活動。

上課時間： 週一至週五 2:30 分至 5:30 分。學校節假日及半日不上課。

上課地點： PS184M 雙文學校，曼哈頓下城櫻桃街 327 號。

學 費： 全學年每人 \$2100，低收入家庭每人 \$2000。學期每人 \$1100，低收入家庭每人 \$1050，如按月付費，每月每人 \$220，低收入家庭每人 \$210。新生加收註冊費每人 \$20，同家庭子女只收一個孩子的註冊費。費用包括課本費和材料費。學費收現金或支票。支票抬頭請寫：**CMP**。

報名時間： 即日起請到雙文學校辦公室領取報名表並到人力雙文辦公室 202C 室註冊。
查詢電郵：ccsinnyc@gmail.com 電話：212-602-9700 分機 2022 或 917-225-8697。
學校網站：<http://cmpchineseschool.weebly.com>

CMP Shuang Wen Afterschool Program for 2019-2020

Duration: September 5, 2019 – June 26, 2020, 2:30pm – 5:30pm. No class when school is closed or half day.

Classes: Pre-K to 8th grade (Traditional characters & Zhuying phonetic/Hanyu Pinyin), coaching Chinese homework, culture & arts electives (common, drawing, calligraphy, singing, speech, chess, collage and craft), physical education and recreation.

Tuition: Full school year \$2100 per student, low-income family \$2000 per student; Semester \$1100 per student, low-income family \$1050 per student; Monthly payment is \$220 per student, and low-income family \$210 per student. An extra \$20 one-time registration fee is required for all new students (siblings only charge one child's registration fee from the same family). Fee includes books and all class materials. Please pay cash or check, **make check payable to: CMP**.

Location: On-site at PS184M Shuang Wen School, 327 Cherry Street, New York, NY 10002.

Registration: Application can be picked up at Shuang Wen School's office, then go to the second floor room 202C for registration. If you have any questions, please call: 212-602-9700 Ext: 2022 or 917-225-8697 or email: ccsinnyc@gmail.com.
School Website: <http://cmpchineseschool.weebly.com>



This event is not sponsored or endorsed by NYC Dept. of Education and the City of New York.

人力中心中文學校雙文課後班註冊表

CMP Chinese School Shuang Wen Afterschool Registration Form

春季 Spring () 秋季 Fall () 二零一__年 (Year of 201__)

學生姓名(中文): Chinese Name:			(英文) English Name:		
性別 Gender		年齡 Age	出生年月 Date of Birth	M 月	D 日
				Y 年	
住址 Address				電 話 Tel	住家 Home
母親姓名 Mother's Name					手機 Cell
父親姓名 Father's Name					辦公 Office
電子郵箱 Email Address:					
種族 Ethnicity: <input type="checkbox"/> 美國印地安人 American Indian <input type="checkbox"/> 亞裔 Asian <input type="checkbox"/> 非裔 African American <input type="checkbox"/> 西語裔 Hispanic <input type="checkbox"/> 太平洋島國 Pacific Islander <input type="checkbox"/> 白人 White <input type="checkbox"/> 其他 Other					
緊急聯絡人 Emergency Contact Person:			緊急聯絡電話 Emergency Contact Phone:		
付費方式 Payment Options: <input type="checkbox"/> 一次性付完 One-Time Payment <input type="checkbox"/> 按月支付 Monthly Payment 學費收支票或現金, 支票抬頭請寫 CMP (支票請寫上孩子的名字)					
家庭人口# People Per Family:			家庭年收入額 Family Annual Income: (For Subsidize Tuition)		
雙文學校在讀年級 Shuang Wen School Grade:					
預幼班 () () Pre-K	幼稚班 () K	一 () First	二 () Second	三 () Third	四 () Fourth
六 () Sixth	七 () Seventh	八 () Eighth			
報讀班級 Attend Level: <input type="checkbox"/> 一班 Level 1 <input type="checkbox"/> 二班 Level 2 <input type="checkbox"/> 三班 Level 3 <input type="checkbox"/> 四班 Level 4 <input type="checkbox"/> 五班 Level 5					
家長同意書 Consent Statement					
<p>吾子弟現就讀於貴校課後班, 願遵守校規, 服從教師之指導。就學期間, 如染病或意外受傷, 課後班主管和教師視情況之需要, 可決定送醫院急救和診治。本人同意課後班作緊急處理, 一切醫藥費均由學生自身醫療保險負責或自付。專此授權人力中心中文學校。同時, 明白學生在校活動照片不是商業用途可出現在媒體上。In case of injury and/or medical emergency, I hereby give permission to the staff of CMP Chinese school Afterschool Program to take any efforts and actions as needed. I agree to be solely responsible for any and all medical expenses incurred from any injury and /or medication emergency. I understand student's activity photos might appear in the media without business purpose.</p>					
銀行退票 Bounced Check Fee: 每張銀行退票收取\$30 手續費\$30 bank fee for each bounced check.					
退款規定 Refund policy: 上課之後恕不退款。若中途退學, 恕不按已上課日數和未上課日數的比例退款, 亦恕不按照已繳納學費的比例來計算可繼續上課日數 No Refund. Tuition fee will not be pro-rated if student is sick, on vacation or withdrawn from program.					
家長(或監護人)簽名: Parent/Guardian Signature:			日期: Date:		
收款記錄 (辦公室專用 Office Use Only):					
註冊費 Registration Fee: _____ 全期 Full Fee: _____ 月費 Monthly Fee: _____					
收據號碼 Receipt# _____ 支票號碼收費人 Received By: _____					