

蘇荷藝術教育中心



SOHO ART EDUCATION CENTER

舊金山灣區 Fremont 教室

43421 Mission Blvd, Fremont, CA 94539 Tel: 510-668-0857

學生資料表

報名班別代號:

學生姓名: (中) _____ (英) _____ 出生 _____ 電話(H) _____
STUDENT'S NAME _____ DOB ___/___/___ PHONE_(C) _____
ADDRESS (地址) : _____ CITY _____ ZIP _____
父親姓名: (中) _____ (英) _____ 辦公室電話 _____
FATHER'S NAME _____ WORK PHONE _____
母親姓名: (中) _____ (英) _____ 辦公室電話 _____
MOTHER'S NAME _____ WORK PHONE _____
Email: _____

家長同意書 WAIVER FORM

緊急事件聯絡人 :

Emergency Contact : (1) Name(姓名) _____ Relationship(關係) _____ Phone(電話) _____

(父母以外) (2) Name(姓名) _____ Relationship(關係) _____ Phone(電話) _____

醫生姓名 _____ 電話 _____
PHYSICIAN NAME _____ PHONE _____
DENTIST NAME _____ PHONE _____

緊急事故處理准許 Emergency Form

I hereby grant permission to Soho Art Education Center personnel to arrange transportation for (name of student) _____ in case of accident or accrue illness and to arrange for medical dental and /or surgical care at the uninsured expense of this service will be assumed by me.

WAIVER/RELEASE OF LIABILITY

I give permission for my child(Name) _____

To participate in the activities of the Soho Art Education Center Program. I give my permission to the school personnel to take full charge of any emergency in the event all the above said persons are unable to reached. I will not hold the school or any staff members liable in the case of accidents or injuries. I have studied the Policy of Soho Art Education Center and will agree to follow them as required by the school.

本人准許我的子女參加蘇荷藝術教育中心的教學活動。

家長監護人與醫生均聯絡不到時,本人准許學校負責人全權處理意外事件,如有任何意外發生,本人不以校

方人員為責.我已經知道上課需知中的規定,我同意並且遵守這些規定.

Parent/Guardian's Signature

Date

11-01-07