

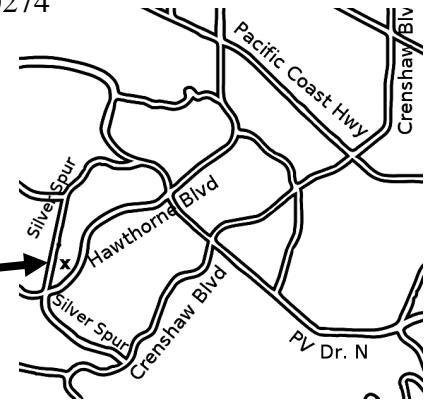


ruì shān zhōng wén xué xiào  
 瑞山中文學校  
**Palos Verdes Chinese School**

P.O. Box 7000-377, Rolling Hills Estates CA 90274  
<http://PalosVerdesChineseSchool.org>  
 (310)541-6408

# Chinese Mommy & Me @ PV Peninsula High School

上課地點: 27118 Silver Spur Rd.  
 campus address: Rolling Hills Estates, CA 90274



## 媽咪寶貝 Chinese Mommy & Me

- Age:** 2 – 4 years old
- Class hours:** 11:00am – 12:00noon Sat / Sun, except holidays
- Registration:** Now ~ Jan 9, 2010
- Second term starts:** Jan 9, 2010, through Mar 27, 2010 (Sat classes) **OR**  
 Jan 10, 2010, through Mar 28, 2010 (Sun classes)

### 2<sup>nd</sup> Term

瑞山中文學校 Palos Verdes Chinese School  
 報名表 (Saturdays or Sundays at PVPHS campus) Registration Form

英文姓名 English Name		中文姓名 Chinese Name	
出生日期 Birthdate	年齡 Age	性別 <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F Sex	美國學校 U.S. School
父親姓名 Father's Name		母親姓名 Mother's Name	
聯絡電話 (H) Telephone (Wk) (Cell)	聯絡電話 (H) Telephone (Wk) (Cell)		
聯絡電郵 Contact Email			
地址 Address			
<input type="checkbox"/> 11:00am – 12:00noon 星期六 Saturdays <input type="checkbox"/> 星期日 Sundays	<input type="checkbox"/> 媽咪寶貝 Mommy & Me (ages 2 – 4) Jan 9/10 through Mar 27/28, 2010 (registration fee included)		\$300
繳費 Registration Payment Due Please make check payable to : PVCCA			共計 Total \$ _____

# Palos Verdes Chinese School

P.O. Box 7000-377, Rolling Hills Estates CA 90274  
310-541-6408

## Agreement

1. The undersigned party (parent/guardian of student) will hold the Palos Verdes Chinese School (hereinafter known as 'School') harmless from all liability from loss, damage, or injury to persons or property in any manner arising out of any incident while attending School and/or School sponsored activities, including without limitation all consequential damages, whether or not resulted from the negligence of School or its agents.
2. Should any controversy between the parties hereto involving the rights and obligations arising under the terms of the attendance at School and the School's activities, shall on written request of one party served on the other be submitted to arbitration, and such arbitration shall comply with and be governed by the provisions of the California Arbitration Act, Section 1280 through 1294.2 of the California Code of Civil Procedure.
3. The parties shall each appoint one person to hear and determine the dispute and to mediate a settlement. If they shall be unable to agree, then the two persons so chosen shall select a third impartial arbitrator whose decision shall be final and conclusive upon both parties hereto. The cost of such arbitration shall be borne by the losing party or in such proportions as the arbitrator shall decide.
4. If indemnification of loss of any controversy is covered by any existing insurance policy(ies) of the injured party, only amounts over and above the coverage of such existing insurance policy(ies) are to be submitted to arbitration.
5. The undersigned hereby authorizes the School to seek emergency medical care should his/her child(ren), the student(s), become(s) ill or injured while at School or during School sponsored activities. The School will hold this authorization effective until notified otherwise in writing. The School DOES NOT provide medical insurance coverage. The undersigned will not hold the School, its staff or faculty liable for medical care rendered and will be responsible for all medical expenses incurred. The undersigned hereby waives all claims against the School for illness, accident, injury, or death occurring during School activities.
6. The undersigned allows the School to use his/her child(ren)'s photograph(s), video(s) or other electronic likeness in school related material.
7. This agreement remains effective while attending classes at this School.

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Parent/Guardian Signature

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Date

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Print Name

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Student Name(s)