

**시온 한국학교 입학원서**

**Zion Korean School Registration**

9947 Harford Rd. Parkville, MD 21234

Tel. 410-900-5088, Email:soyoungahn@hotmail.com

■ **지원자 Participants**

No.	이름 (Name)	학년 (Grade)	나이 (Age)	생년월일 (Birth date)	성별 (M/F)

■ **주의사항 Medical Information (Known allergies, Food allergies, disabilities, etc.)**

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■ **보호자/비상연락처 Parental Information**

	이름 (Name)	전화번호 (Number)	**
아버지 (Father)			
어머니 (Mother)			
이메일 주소 (E-mail)			
주소 (Address)			

\*\* 주연락처에 표기(V)해 주세요. Please put a check mark next to which parent the primary contact will be.

■ **비상연락처 Emergency Contact**

이름 (Name)	
전화번호 (Number)	
관계 (Relationship to student)	

■ 학사일정 (Date and Time)

봄학기 (Spring Semester): 2/9/2018 – 5/18/2018

수업시간 (Hours): 5:30pm-8:40pm

■ 수업료 Tuition

첫째자녀 1st child	\$200
둘째자녀 2nd child	\$150
셋째자녀 3rd child	\$100

*\*Please make checks to the order of: ZION KOREAN SCHOOL\**

■ 법적책임 해제 확인 Liabilities Release Confirmation

본 교의 교사들은 귀댁의 자녀들의 안전을 위해 최선을 다할 것입니다. 그러나 학교 기간 중에 일어나는 어떠한 사건에 대해서도 학교 당국과 건물주는 책임을 지지 않습니다. 이러한 조건을 읽고 이해하신 후에 입학원서를 제출해 주시기를 바랍니다.

The teachers and the staff at the Zion Korean School will do our best to ensure appropriate and safe learning environments are provided for the registered students above at all times. Students in return are also expected to follow all the rules and to participate in all classes and activities.

I, \_\_\_\_\_, understand that the Zion Korean School and the property owner will not assume any liability incurred during the school period. If I cannot be reached at the time of an emergency and treatment is deemed urgent by school staff and/or medical authorities, I \_\_\_\_\_ authorize and direct the school staff to send my child to the hospital or to an easily accessible medical facility (i.e. Patient First). I have read this condition and I waive my right to take any legal action against the property owner and this school and/or its staff.

부모/보호자 Parent/Guardian \_\_\_\_\_ Date : \_\_\_\_\_

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(Official Use Only)

수업료 Tuition:

지불금액 Total:

받은이 Receiver:

날짜 Date: