

학생 등록 원서 Student Registration Form

학생 정보 (Student Info)			
이름 Name	한글(Kor) 영어(Eng)	성별 Gender	Boy(), Girl()
생년월일 D.O.B	(mm/dd/yyyy)	취미/특기 Interest/Specialty	
유치부 Pre-K	반(Class) * Early Pre-S: 9.1.2014~ 24month() * Pre-S: 9.1.2013.-8.30.2014 () * Pre -K: 9.1.2012-8.30.2013 ()	초등부 Elementary	학년(Grade) K(),1(), 2(), 3(),4(), 5()
특별 사항 Special Info	자녀와 관련해서 나누고 싶은 또 다른 정보가 있다면 기록해 주세요. (알러지, 성격, 습관 등): Any other info you want to share with school about your child. ex)Allergy, Personality, Habit and etc.		Photo (If it is available)

부모/보호자 정보 (Parent / Legal Guardian Info)		
어머니/보호자 (Mother/Guardian)	한글(Kor)	전화번호(Phone)
	영어(Eng)	Home Cell
주소 Address	(Street)	
	(City)	(State) (Zip)
학교와의 의사소통 Communication with School	E-mail:	교회 출석(CHurch Attendance)? Yes(),No()
	반별 카톡방 (KaKao Talk) 참여 여부 Yes(), No() <small>* 자녀 사진, 중요한 광고, 학습 내용 등을 보다 빠르게 전달 받을실 수 있습니다.</small>	If yes, where ? ()
아버지/보호자 Father/Guardian	한글(Kor)	전화 번호(Phone)
	영어(Eng)	Home Cell
주소 Address Same as above ()	(Street)	
	(City)	(State) (Zip)
학교와의 의사소통 Communication with School	E-mail:	교회 출석(CHurch Attendance)? Yes(),No()
	반별 카톡방 (KaKao Talk) 참여 여부 Yes(), No() <small>* 자녀 사진, 중요한 광고, 학습 내용 등을 보다 빠르게 전달 받을실 수 있습니다.</small>	If yes, where ? ()

비상연락망 Emergency Contact & Authorized Pickup Person:

Name	Address	Phone	Relationship to the Child	Pick Up
				Yes() / No()
				Yes() / No()
				Yes() / No()

In the event that either parent cannot be contacted or cannot pick up their child, these persons can act on the parents' behalf and are authorized to pick up at Binnerri Saturday School. Please include at least 3 contacts.

Name of Child _____ D.O.B: _____

MEDICAL TREATMENT AUTHORIZATION

*Child's Physician _____ Physician's Phone _____

Address _____

*Hospital Preference _____ Address & Phone _____

*List any special medical needs (Allergies, physical limitations, medical or behavioral concerns)

I give Binnerri Saturday School Staff permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician to be called.

Signature of Parent / Legal Guardian

Printed Name of Parent/ Legal Guardian

Date

RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

빛내리 토요학교는 학생들의 안전을 지키기 위해 최선을 다하겠습니다. 그러나 발생될 수 있는 모든 상해 및 학생의 부주의로 인한 기물 파손, 개인 물품 도난 등의 사건에는 전적으로 책임을 지지 않습니다. 부모(대리인)인 나는 이 모든 내용을 정확히 읽고 이해하였으며, 법적 책임을 빛내리 교회 및 학교 스태프들에게 묻지 않을 것을 약속합니다.

The Binnerri Saturday School(BSS) is well child-proofed and the children are constantly well supervised. However, injuries may and do occur. Injuries (by careless of him/herself or by others/ whatsoever) can be mild (choking, falls, burns, drowning, swallowing toxic or other materials (poisoning), cuts from sharp objects, Scarf /bruise/scratch from bite, hit by other people or exposure to environmental hazards, allergic reaction from food or environment), etc... through severe(in some cases may result in permanent disability or even death). BSS also informs you that in the event of loss or damage of property to church/personally include mobile phone, iPod, cash and other personal effects occurs by careless of student , parent(guardian) have the responsibility.

I freely, knowingly, and willfully accept and assume the risk of injury, damage to property or loose of personal possession that might occur from participation in all activities or programs at BSS. In consideration of the BSS allowing me/my child to attending of school, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless and indemnify BSS, and it's Governor, director, workers, officers, volunteers, agents, organizers, and successors on behalf of myself from liability as a result of any personal injury or property damage occurring while the above child is in their care at BSS. I have read, understand and agree the BSS Policy of Release, Waiver of Liability and Covenant not to sue .

Signature of Parent / Legal Guardian

Printed Name of Parent/ Legal Guardian

Date

Initial **ALL** That Apply : (모든 해당되는 곳에 이름 이니셜 (ex: JJK) 남겨 주세요.)

1. _____ VIDEO/PHOTO RELEASE (비디오 및 사진 촬영 동의)

I give consent for photographs and/or video to be taken of my child while at Binnerri Saturday School.

2. _____ Discipline Policy(학교 규율)

Discipline is a vital component to the learning process of a child. Gentle discipline is neither premissive nor punitive, rather a means of teaching, guiding, and training. When boundaries and expectations are clearly defined, children feel secure. By setting rules and clearly communicating expectations, misbehaviors can be avoided and children can develop self-discipline and self-control. At Binnerri Saturday School, children will receive gentle, loving, and Biblically modeled discipline. After clearly communicating expectations, the following steps will be followed:

To encourage good behavior, teachers provide praises as they catch children making the right choice. A situation may be remedied by simply redirecting the child. If redirection does not cause the desired change in behavior, the child may be separated from the group for a short period of time. This may be in a time-out chair or a place in the room where the child is supervised while taking a few minutes to reflect on the fact that his/her actions did not represent good decision making. After a brief interval, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over. The period of time a child is in time-out depends upon the child's age. If a child is aggressive toward another the aggressor will be immediately removed from the group and placed in time out. Should these efforts fail to produce the desired behavior in the child, parents will be called to meet with the Director and the child's teacher to develop a suitable strategy for correcting the child's inappropriate behavior. If the above steps do not produce the desired behavior, the child will be withdrawn from school.

3. _____ Sick Student Policy(학생이 몸이 아플 경우에 대한 안내와 부모님 협조)

Binnerri Saturday School recommends that students with influenza-like illness remain at home a minimum of 24 hours after they are free of fever (100° F [37.8° C] or greater), or have signs of a fever without the use of fever-reducing medications. If we notice any students with a high fever, we will immediately call the parent to pick up their child to leave school early.

4. _____ Receipt of Registration Form(모든 등록 절차에 동의하며, 자녀를 학교에 등록시키기 원함)

I(Parents/Guardians) acknowledge receipt of the "Registration Form". I have read, understand and agree the BSS Policy and I would like to register my child in BSS.

Signature of Parent (Legal Guardian):

Date:

**Spring
2018**

Tuition & Registration Fee 수강료와 등록비	Refund Policy 환불 정책	Individual/ Family Total 개인/가족 합산
<p>Spring Semester, 2018 (14 Saturdays) *****</p> <p>* 조기 등록 할인: Early Registration (12/10~12/31/2017) Tuition \$220 (2nd Child- \$200, 3rd Child- \$180) + One Time Registration Fee \$20</p> <p>*Late Registration (1/1/2018~) Tuition \$280 (No Sibling Discount) + One Time Registration Fee \$30 *****</p> <p>*After School(선택 사항 optional): \$150 (점심 식사, 음악, 만들기 등 모든 프로그램 포함)</p> <p>_____ Signature of Parent / Legal Guardian</p>	<p>Refund Policy is as follows:</p> <p>*Tuition: Until 12/31/2017, 100% refund. Until 1/13/2018, 50% refund. From 1/10, Not refundable.</p> <p>*Registration fee: Not refundable.</p> <p>* School Closing date(s) due to Inclement Weather or in case of emergency(Safety Issue): Not refundable.</p> <p>_____ Signature of Parent / Legal Guardian</p>	<p>*Child: \$ _____</p> <p>*Child: \$ _____</p> <p>*Child: \$ _____</p> <p>*Total : \$ _____</p> <p>Check () / Cash() Please, make your check payable to "Binnerri Church"</p> <p>_____ Signature of Parent / Legal Guardian</p>

-----Office Use Only-----

*Date of Registration: _____

* Date of Enrollment: _____

* Date of Withdrawal: _____

*Special Memo: _____

Approved by Director _____ Date _____