

Lakeshore Elementary School After School Mandarin Program

湖边小学课课后普通话班

Now Enrolling for 2017-2018

Lakeshore's After School Mandarin Program (AMP) is a PTA-sponsored second language program. Designed for BOTH English-speakers and Mandarin-speakers, students will develop fundamental communication and literacy skills in one of the world's most spoken languages. 湖边小学课后普通话班是由家长会协助建立的第二语言课程。我们的课程是为各种语言背景的学生设计的,旨在帮助他们建立听,说,读,写这个世界上最多人使用的语言的基础。

No prior exposure to Mandarin is necessary.
不需要有使用普通话的背景

Program Highlights:

- Program throughout the entire school year 整个学年有课程
- Grades: ALL grade levels 所有年级
- Levels: Beginner, Intermediate / Advanced 初级, 中级/高级
- Time: 3:35pm - 5:00pm 课程从下课到下午5点
- Class Size: Limited 12 students per class 一个班最多12人
- Classes provided on site 在本学校里上课

Rates:

- \$30 One-time application fee (New students only, non-refundable)
新生30美金申请费
- \$20 Annual Book/Materials Fee for the year. 20美金材料费
- \$525 / Semester for 5 days, \$500 / Semester for 4 days
525美金/学期/每周5天, 500美金/学期/每周4天
- Make checks payable to: **Lakeshore Elementary School AMP.**
支票抬头: Lakeshore Elementary School AMP.



Questions?

Please contact AMP Parent Coordinator
Anita Lee at (415) 830-3493 or email
lakeshoreAMP@yahoo.com.

有疑问请致电(415) 830-3493 或发电子
邮件到 lakeshoreAMP@yahoo.com.



Lakeshore After School Mandarin Program (AMP) Application Form

Student Name _____
Last First M.I.

Date of Birth: _____ Gender: Male Female Grade/Rm#: _____

PROGRAM: Select the days student will attend. 5 days/week 4 days/ week

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Home Address: _____

Email Address(es): _____

Phones: _____
Home Work Cellular

Emergency Contacts: Please list in order of preference individuals we may contact in the event of an emergency.

Name: _____ Relation to child: _____

Home Address: _____

Telephones: _____
Home Work Cellular

Name: _____ Relation to child: _____

Home Address: _____

Phones: _____
Home Work Cellular

Please list any special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, and/ or any medication that the staff should be aware of.

In the event that my child needs emergency medical care, I hereby authorize him/her to be taken to the following hospital:

Physician's Name _____ Phone: _____

Address: _____ Insurance Policy/ Group No: _____

Signature of Parent or Guardian

Date

PAYMENTS:

NEW Students - 5 days/week: \$525/Semester + \$50 Book & Registration Fee

NEW Students - 4 days/week: \$500/Semester + \$50 Book & Registration Fee

Returning Students - 5 days/week: \$525/Semester + \$20 Annual Book Fee

Returning Students - 4 days/week: \$500/Semester + \$20 Annual Book Fee

Please make check payable to: Lakeshore Elementary School AMP.

Program runs from 3:30pm - 5pm. Late pickup fee is \$1/minute after 5:05pm.

Questions? Please contact AMP Parent Coordinator Anita Lee at (415) 830-3493 or email: lakeshoreAMP@yahoo.com

*50% Partial Tuition Refund within first 2 weeks of school. Tuition is NON-REFUNDABLE after 3rd week.