

Lakeshore Elementary School After School Mandarin Program

湖边小学课课后普通话班

Now Enrolling for 2015-16

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:

- AMP 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 10 students per class 一个班最多10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
- \$475 / semester for 5 days, \$450 / semester for 4 days
475美金/学期/每周5天, 450美金/学期/每周4天
- \$25/semester discount for each additional sibling
如有兄弟姐妹也参加, 从第二个小孩起每人每学期减25美金
- Make checks payable to: **Lakeshore Elementary School AMP.**
支票抬头: Lakeshore 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 (2015-16)

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:

\$30 one-time application fee (New students only)

\$475 for 5 days/week per semester. \$450 for 4/days/week per semester.

\$25/semester sibling discount for each additional sibling if first child is currently enrolled.

Enrollment fee is non-refundable.

Please make check payable to: Lakeshore Elementary School AMP.