



워싱턴 통합 한국 학교(버지니아 캠퍼스)
 The United Korean School of Washington, VA Campus
 Mailing Address: 12811 Gate Rail Rd, Clarksburg, MD, 20871

등록원서 (Registration Form)

Registering for 제 ____ 학기

Selection of Program; 한국교과(Korean Public School) ____
 미주(Korean-American Class) ____

	Student 1	Student 2	Student 3	
Korean Name				
English Name				
School Grade				
Date of Birth				
Address				
Parent	Name	Email		
	Phone(Work)	Cell		
Emergency Contact	Name	Phone(Cell)		
Allergies/other Medical Conditions				
Special Curricular	한국교과과정반(Curriculum of Korean Public School) Fee of \$100 will be added			
	한자반(Chinese Character)	_____ 반		
Tuition(Office only)	Check(No.)	Cash	Special	Total Amount
	#	\$	\$	\$
	** Tuition is Non Refundable after 7days of the Registration ** Payable to KAEF			

*****Due to weather condition, Schools are closed 1 week-→ No extended week.**
2 weeks-→ extended 1 week.

RELEASE AGREEMENT

(안전에 관한 동의서)

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in United Korean School of Greater Washington (UKSGW) programs. Families are expected to carry their own accident and medical insurance and should agree to hold harmless UKSGW and George Cooper Middle School from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes UKSGW to administer first aid and/or authorize medical treatment for program participant.

학교에서 안전한 환경을 제공하기 위하여 노력은 하지만, 부모/보호자는 항상 사고의 위험이 있음을 알고 있어야 합니다. 워싱턴 통합 한국학교(UKSGW) 학기 중에 발생하는 자녀의 질병이나 부상으로 인한 의료비에 대한 책임이 부모/보호자에게 있음을 동의합니다. 각 가정은 개인의 보험을 들고 학교에서 일어나는 어떤 종류의 부상과 손상, 여러 종류의 사고에 워싱턴 통합 한국학교와 Cooper Middle School 에 책임이 없음을 동의합니다. 만약 필요한 경우 학기 중에 응급관리 및 치료를 허용합니다.

I have read and understand all program information, and hereby grant permission for

_____ *to participate in USGW programs:*

(CHILD'S NAME)

PARENT/GUARDIAN SIGNATURE

DATE