



華人金巴崙長老會

Cumberland Presbyterian Chinese Church
865 Jackson Street, San Francisco, CA 94133
Tel: (415) 421-1624 Fax: (415) 421-1874
Website: www.cumberlandsf.org

Student's Photo
學生照片

- 6 weeks Main Program 六星期主要課程 (6/12 to 7/21) ----- \$600
7 weeks Extended Program 七星期延伸課程 (6/5 to 7/21) ----- \$700

Form with fields for Student's Last Name, First Name, Chinese Name, Birth date, Sex, Language(s) spoken, Chinese Grade/Level, English Grade in upcoming August, Address, Apt #, City, Zip, Home Phone, Father's Last Name, First Name, Chinese Name, Work Phone, Mother's Last Name, First Name, Chinese Name, Work Phone, Emergency Contact Person, Relationship, Phone, Health Plan, Medical #, Doctor's Name, Doctor's Phone.

Please check the following for your child's T-Shirt Size: 請選擇貴子女所穿著衣服的號碼:

- Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium

本人同意在此期間內，子女若遇有任何病患或意外，教會人員自當悉心照料，並盡可能與家長聯絡；但不負任何法律上的責任。若未能與家長或以上聯絡人接觸，我願授權與教會負責人通知醫生進行護理。此外，本人同意子女的相片可用作教會推廣活動的用途上。

I fully understand that my child will be cared for responsibly, but in the event of illness or accident, the church will NOT be held responsible. In the event medical treatment is required, every effort will be made to contact me. If I cannot be reached, I give my permission for medical attention to be administered to my child. In addition, I agree that images of my children may be used for future promotional purposes.

家長/監護人簽名: \_\_\_\_\_ 日期: \_\_\_\_\_
Signature of parent or guardian Date

FOR OFFICE USE ONLY

Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_
Payment received by: \_\_\_\_\_