

## 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

Main Program 重點課程 (9 am to 3 pm) □ \$100

Student's Photo 學 生 照 片

## 2018 Cumberland Summer School 金 巴 崙 暑 期 學 校 Please indicate the session of your enrollment with a ✓ 就讀時段,請✓ Date | 6/11 - 6/15 | 6/18 - 7/27 | 7/30 - 8/3 | 8/6-8/10

**5**600

□ \$100 □ \$100

After School 課後活動 (3 pm	to 6 pm)	□ \$50	□ \$	300	□ \$5	0	□ \$50	
Student's Last Name: 學生姓氏	First Name 名:			Chinese Name 中文姓名:				Birth date 出生日期:
Sex 性別: Language(s) spoken 語言: Language(s) spoken at home 在家所用語言:								ne 在家所用語言:
( )No 未曾讀過 □ 1st Grade 一年編 ( )Yes 年級 □ 4th Grade 四年編			-年級 四年級	及 <b>□</b> 5th Grade 五年級				□ 3rd Grade 三年級 □ 6th Grade 六年級
Address 地址:	Apt #	C	City 城市	<b>Б</b> :	2	Zip 郵	S區號碼:	Home Phone 電話號碼:
ather's Last Name: First Name 名: C親姓氏			(	Chinese Name 中文姓名:				Work Phone 工作電話:
Mother's Last Name: 母親姓氏	First Name 名:			Chinese Name 中文姓名:				Work Phone 工作電話:
Emergency Contact Person 緊急聯絡人:				Relationship 關係:				Phone 電話:
Health Plan 醫療保險名稱: Medical # 醫療卡號碼:			碼: [	Doctor's Name 醫生姓名:			姓名:	Doctor's Phone 醫生電話:
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: Signature of parent or guardian				Date				
FOR OFFICE USE ONLY								
Amount:	Check					Rece	ipt #	
Payment received by:								