



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

年 級：一年級至八年級

上 課 時 間：上午8時至9時 (免費托兒)
 上午9時至下午3時 (教授課程並提供午餐)

課後活動時間：下午3時至6時

課 程：科學、電腦科技、繪畫、音樂、手工、聖經故事及課外活動

付 款：支票 (支票抬頭 CPCC) 或 現金

2019 Cumberland Summer Science & Technology Camp 金巴崙暑期科學科技營

Please indicate the session of your enrollment with a ✓ 就讀時段, 請✓

Program	Date	6/10-6/14	6/17-6/21	5 Sat. 週六 6/29, 7/6, 7/13, 7/20, 7/27 (10am to 2pm)
Main Program 重點課程 (9 am to 3 pm)		<input type="checkbox"/> \$125 (非會員) <input type="checkbox"/> \$25* (崇拜會員)	<input type="checkbox"/> \$125 (非會員) <input type="checkbox"/> \$25* (崇拜會員)	<input type="checkbox"/> \$50 (非會員) <input type="checkbox"/> 免費 (崇拜會員)
After School 課後活動 (3 to 6 pm)		<input type="checkbox"/> \$50 (非會員) <input type="checkbox"/> \$10* (崇拜會員)	<input type="checkbox"/> \$50 (非會員) <input type="checkbox"/> \$10* (崇拜會員)	

*所有活躍參加 (每月兩次或以上出席率) 本教會週日崇拜者 (包括成人或兒童崇拜) 皆為崇拜會員。會員之子女均可享有會員價格。

所屬崇拜: _____

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:	
English Grade in upcoming August (今年八月後於英文學校升讀之年級)			
<input type="checkbox"/> 1st Grade 一年級	<input type="checkbox"/> 2nd Grade 二年級	<input type="checkbox"/> 3rd Grade 三年級	<input type="checkbox"/> 7th Grade 七年級
<input type="checkbox"/> 4th Grade 四年級	<input type="checkbox"/> 5th Grade 五年級	<input type="checkbox"/> 6th Grade 六年級	<input type="checkbox"/> 8th Grade 八年級
Address地址:	Apt #	City城市:	Zip郵區號碼: Home Phone電話號碼:
Father's Last Name: 父親姓氏	First Name名:	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:	Doctor's Name醫生姓名:	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

日期: _____
Date

FOR OFFICE USE ONLY

Amount: _____ Check # _____ Receipt # _____

Payment received by: _____