



Chinese Presbyterian Church of Oakland • 265 – 8<sup>th</sup> Street, Oakland, CA 94607 • (510) 452-4963  
**2025-2026 Elevate After School Enrichment & Faith Program Application Form**  
***FOR Elementary Students in GRADES K-5***

PLEASE READ ALL ATTACHED INFORMATION BEFORE FILLING OUT THIS FORM  
***SIGN ON THE 4<sup>TH</sup> AND 5<sup>TH</sup> PAGES.***

Dates	Option 1	Option 2	Option 3
*Session 1: August 18–Dec. 19, 2025	—	\$1,600 per session (due upon enrollment)	—
*Session 2: January 6–May 28, 2026	—	\$1,600 per session (due by Dec. 19, 2025)	—
*Entire Year: August 18, 2025–May 28, 2026	\$3,000 per year (due upon enrollment)	—	\$400 per month (due 25th of previous month)

**\*NOTE:** The Elevate program follows the Oakland Unified School District (OUSD) 2025-26 School Calendar, and only meets when Lincoln Elementary School is in session.

Pickup service from Lincoln Elementary School, located at 225 11th Street, Oakland to the CPC site, located at 265 8<sup>th</sup> Street, Oakland, is included in the above pricing.

**~ LIMITED TO 30 STUDENTS ON A FIRST-COME, FIRST-SERVED BASIS. ~**

**PLEASE MAIL COMPLETED REGISTRATION FORM AND YOUR PAYMENT TO THE  
 CHINESE PRESBYTERIAN CHURCH OF OAKLAND, 265 8TH STREET, OAKLAND, CA 94607 OR  
 DROP-OFF DURING OFFICE HOURS AS POSTED IN THE FRONT OF THE CHURCH AND ON OUR WEBSITE:**

<http://oaklandcpc.pcusa.cc/Elevate.html>

**PLEASE NOTE THAT THE ELEVATE PROGRAM TUITION/FEES ARE NOT ELIGIBLE FOR  
 IRS TAX DEDUCTION PURPOSES AS DETERMINED BY IRS CODE.**

**I: 學生資料 STUDENT'S INFORMATION**

姓氏 LAST NAME      名字 FIRST NAME		請選一項CIRCLE ONE:		<b>For Office Use Only</b> Date _____ No. _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Zelle # _____ <b>Amount: \$</b> _____	
		男Male	女Female		
住址 STREET ADDRESS		出生日期 BIRTHDAY			
市 CITY      郵區號碼 ZIP CODE		家中電話 HOME PHONE		電子郵件地址 EMAIL ADDRESS	
2025年8月 份將就讀那一年級 (選一項) Grade in August 2025 (Circle one)		2025年8月份將就讀那一學校			
<div style="display: flex; justify-content: space-around; width: 100%;"> <span><b>K</b></span> <span><b>1</b></span> <span><b>2</b></span> <span><b>3</b></span> <span><b>4</b></span> <span><b>5</b></span> </div>		公立Public <input type="checkbox"/> 私立Private <input type="checkbox"/>			
曾否參加過長老會的暑期班? Have you attended CPC's Summer Program or Elevate in the Past? 是Yes <input type="checkbox"/> 否No <input type="checkbox"/> 如有, 曾參加過那一年? If yes, which year(s)?					



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**II: 語言能力 LANGUAGE**

英語 ENGLISH	聽 LISTEN <input type="checkbox"/>	講 SPEAK <input type="checkbox"/>	書寫 WRITE <input type="checkbox"/>
中文－廣東話 CHINESE－CANTONESE	聽 LISTEN <input type="checkbox"/>	講 SPEAK <input type="checkbox"/>	書寫 WRITE <input type="checkbox"/>
中文－普通話 CHINESE－MANDARIN	聽 LISTEN <input type="checkbox"/>	講 SPEAK <input type="checkbox"/>	書寫 WRITE <input type="checkbox"/>
OTHER:	聽 LISTEN <input type="checkbox"/>	講 SPEAK <input type="checkbox"/>	書寫 WRITE <input type="checkbox"/>

**III: 聯絡信息 CONTACT / 緊急信息 EMERGENCY INFORMATION**

**家長資料 PARENTS' INFORMATION**

母親姓名 MOTHER'S NAME	日間電話 DAYTIME PHONE	手機電話 CELL PHONE	電子郵件 EMAIL
父親姓名 FATHER'S NAME	日間電話 DAYTIME PHONE	手機電話 CELL PHONE	電子郵件 EMAIL

緊急時若找不到父母可通知:

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

姓名 NAME	關係 RELATION	姓名 NAME	關係 RELATION
電話號碼 PHONE NUMBER		電話號碼 PHONE NUMBER	

**醫生資料 EMERGENCY MEDICAL CONTACT**

醫生名字 DOCTOR'S OR PRACTITIONER'S NAME	電話號碼 PRIMARY PHONE NUMBER
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## 健康資料 HEALTH INFORMATION

醫療保險名稱及號碼MEDICAL INSURANCE NAME AND POLICY NUMBER
身體特殊情況SPECIAL HEALTH CONCERNS
請列出對食物過敏或對食物的限制 FOOD ALLERGIES AND/OR DIETARY RESTRICTIONS:

#### IV: 放學安排 DEPARTURE INFORMATION

- ☐ My child needs to be picked up by parents/guardian.
- ☐ My child will be picked up by someone else whom I authorize.

除家長以外，我核准以下此人可接送我的孩子：

Other Persons Authorized to Pick Up Student in Addition to Parents/Guardians/Emergency Contacts:

**NOTE: A picture ID is required when they pick up your child.**

名字 Name:	關係 Relationship:
地址 Home Address:	電話 Phone #:

名字 Name:	關係 Relationship:
地址 Home Address:	電話 Phone #:

REMARKS 備註欄:

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### **V: Parents' Ground Rules**

1. I give permission for my child to participate in all scheduled activities of the Chinese Presbyterian Church of Oakland's Elevate After School Program, understanding that there is an integral Christian perspective.
2. I will **send a daily after school snack with my child** and encourage my child to complete any homework sent home.
3. The Chinese Presbyterian Church Elevate After School Program may dismiss my child if he/she is disruptive.
4. All fees are non-refundable.
5. I understand that I must pick up my child from CPC of Oakland, located at 265 8<sup>th</sup> Street in Oakland, CA.
6. **The Elevate After School Program runs from school dismissal time until 6:00 pm M-F when school is in session.** If my child will be absent, tardy, on vacation, or needs to leave early, I will call the church at **(510) 385-7073** at least 24 hours (1 day) in advance. If my child is sick, I will call that morning.
7. The Chinese Presbyterian Church of Oakland is not responsible or liable for my child after 6:10 pm.
8. If my child remains on the church premises after 6:10 pm, I will be assessed a penalty of \$5.00 for every 10 minutes or portion thereof.
9. I will pay for damages to church property caused by my child.

**I have read, understand, and agree to all the above statements for my child and me. I also understand that violation of any of the above rules is ground for the dismissal of my child from the Elevate After School Program.**

I certify that the above information is correct.

家長簽名 <b>Parent's Signature</b>	日期 <b>Date</b>
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### **VI: WAIVER AGREEMENT**

In case of emergency, I hereby give permission to the physician selected by the Chinese Presbyterian Church (CPC) of Oakland staff to hospitalize, secure proper treatment for, use ambulance, and/or to order injection, anesthesia, or surgery for the registered person named on the other side of this form. I understand that CPC of Oakland and any staff, leaders, volunteers, or participants are not responsible for accidental injuries, illnesses and/or property loss that occur during any aspect of the program, including but not limited to activities, classes, field trips, lunches and snacks, and use of premises.

I hereby agree to the right of the CPC of Oakland to photograph, film, videotape, audio record all aspects and participants in the Elevate After School program, including my children, or through the use of any other manner of recording by any other means, for the purposes of promoting the Elevate After School program. I agree that CPC of Oakland shall have the continuing right to use any photograph or recording in the future without additional compensation to those recorded or without identification of those recorded by name.

I acknowledge that I am signing this waiver agreement freely and voluntarily, forgoing my right to litigation. By my signature, I intend for the Chinese Presbyterian Church of Oakland's Elevate After School Program, and all personnel involved, a complete and unconditional release of all liability to the greatest extent allowed by the law.

家長簽名 <b>Parent's Signature</b>	日期 <b>Date</b>
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## VII: HEALTH & SAFETY POLICIES

We strive to create a healthy environment for our students in our Elevate After School Program, and therefore, it is important not to send your child to our program if they are sick. If your child is showing any symptoms of being ill, had a fever for 24 hours, or have vomited the night before, you **must** keep your child home.

Whenever there is a reason to believe that a child is suffering a recognized contagious or infectious disease, he/she shall be sent home or will not be permitted to enter the program, as well as shall not be permitted to return until a child does not have a fever above 100° for 24 hours without fever reducing medication and/or we have received a doctor's note that your child has been cleared. **You must show proof of a negative COVID test for your child to return to the program.**

I acknowledge that I understand the above health and safety policies. Furthermore, by my signature, I confirm that my child has not traveled within the past 14 days to a country “with widespread sustained transmission” nor have had close contact with someone showing COVID-19 symptoms or on a plane with a person showing symptoms. I will notify the Program Director immediately if this situation changes.

家長簽名 Parent's Signature	日期 Date
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