

“GROWING, LEARNING, LOVING” Application Form 暑期班報名表

PLEASE READ ALL ATTACHED INFORMATION BEFORE FILLING OUT THIS FORM

SIGN ON THE 4TH AND 5TH PAGES.

填寫表格前必須詳細閱讀所有文件(請在第四，五頁簽署)

Dates	Early Bird Reg. (Prior to 5/15/26) 報名表格於 2026 年 5 月 15 日 告前截收	Reg. (after 5/15/26) 如在 2026 年 5 月 15 日
*Session 1: June 8–July 2 (6/19 & 7/3 are holidays)	\$1,300	\$1,350
*Session 2: July 6–July 31	\$1,400	\$1,500
*BOTH Sessions: June 16–July 31 (6/19 & 7/3 are holidays)	\$2,200	\$2,400

***NOTE:** Program dates may be subject to change due to the situation of the Coronavirus. We will do our best to inform you of any changes, so please check our website or the front bulletin board of CPC. We appreciate your patience and understanding during this time of uncertainty.

***請注意：**由於冠狀病毒疫情影響，此項目日期可能會更改。如有更改，我們會盡快通知你們。請留意我們的網站，網址登在教堂外的報告版上。多謝各位在這不穩定的時候的合作和忍耐。

每班的學生名額限於 15 名，以先到先得為準則，額滿即止。

完整的報名表必須包括一份學員最新的成績報告表，連同報名費用。請在辦公時間內，

將報名表連同有關資料和費用交給屋崙長老會：265 8th Street, Oakland, CA 94607. 關於辦公時間請看我們的網站：

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

~ CLASS SIZE IS LIMITED TO 15 STUDENTS PER GRADE LEVEL ON A FIRST-COME, FIRST-SERVED BASIS. ~

PLEASE MAIL COMPLETED REGISTRATION FORM, A COPY OF THE CHILD'S MOST RECENT REPORT CARD AND YOUR PAYMENT TO THE
CHINESE PRESBYTERIAN CHURCH OF OAKLAND, 265 8TH STREET, OAKLAND, CA 94607 OR
DROP-OFF DURING EBAYOM OFFICE HOURS AS POSTED IN THE FRONT OF THE CHURCH AND ON OUR WEBSITE:
<http://oaklandcpc.pcusa.cc/ebayomsummer.html>

**PLEASE NOTE THAT THE SUMMER PROGRAM TUITION/FEE 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:		For Office Use Only	
			男 Male	女 Female	Date _____	
住址 STREET ADDRESS		出生日期 BIRTHDAY		No. _____		
				<input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ Amount: \$ _____		
市 CITY		郵區號碼 ZIP CODE	家中電話 HOME PHONE		電子郵件地址 EMAIL ADDRESS	
2026 年 8 月份將就讀那一年級 (選一項) Grade in August 2026 (Circle one)		2026 年 8 月份將就讀那一學校 SCHOOL IN AUGUST 2026				
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		公立 Public <input type="checkbox"/> 私立 Private <input type="checkbox"/>				

曾否參加過長老會的暑期班? Attended CPC Summer Program in the Past? 是 Yes 否 No
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:

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IV: 暑期活動 T-SHIRT SUMMER PROGRAM T-SHIRTS

學生身高 HEIGHT OF STUDENT:	學生體重 WEIGHT OF STUDENT:
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請於下列表格填寫您孩子的 T 恤尺碼

PLEASE CHECK THE T-SHIRT SIZE FOR YOUR CHILD AND MARK ON THE TABLE BELOW.

SIZE	寬 WIDTH	長 LENGTH	尺碼	PLEASE CHECK 請選擇
Youth S	13”	20.5”	小童小碼	
Youth M	15”	22.5”	小童中碼	
Youth L	17”	24.5”	小童大碼	
Adult S	18”	27”	細碼	
Adult M	20”	29”	中碼	
Adult L	22”	30”	大碼	

V: 放學安排 DEPARTURE INFORMATION

我的孩子將由家長接送。 My child needs to be picked up by parents/guardian.
 我委託 _____ 接孩子。 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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VI: 註冊入學手則 GROUND RULES FOR ENROLLMENT

<家長手則>

1. 我准許我的兒女參加中華基督教屋崙長老會暑期班所安排的一切活動。我明白這暑期班會融合基督教的觀點和教導。
2. 我會鼓勵我的兒女完成他們的功課。
3. 我知道我的兒女若在擾亂學校時，中華基督教屋崙長老會暑期班可要求該學生退學。
4. 若我的兒女被要求退學時一切費用恕不退還。
5. 我的兒女必需攜同最新的成績表前來註冊。
6. 暑期班上課時間是：上午九時至下午五時正。我不會早上八時四十五分前放下小孩子。我的兒女若要遲到早退或放假外出。我必在二十四小時內用書面通知學校。
7. 在每天五時十分後，中華基督教屋崙長老會暑期班對我的兒女不需負任何法律責任。
8. 下午五時十分後仍然留在長老會的小孩子，我們會要求家長付每十分鐘五元的費用。
9. 學生如損毀教堂設施，家長要賠償一切維修費用。

我同意以上所寫有關我及我的兒女要遵守的規條。若我或我的兒女犯規，我的兒女將被命令退學，一切費用 不會退還。

Parents' Ground Rules

1. I give permission for my child to participate in all scheduled activities of the Chinese Presbyterian Church Summer Program, understanding that there is an integral Christian perspective.
2. I will encourage my child to complete any homework sent home.
3. The Chinese Presbyterian Church Summer Program may dismiss my child if he/she is disruptive.
4. All fees are non-refundable.
5. My child's most recent school report card will be included with his/her registration and payment.
6. The summer program runs from 9 am to 5 pm. I will not drop off my child before 8:45 am. If my child will be absent, tardy, on vacation, or needs to leave early, I will inform their teacher at least 24 hours (1 day) in advance. If my child is sick, I will call **(510) 385-7073** that morning.
7. The Chinese Presbyterian Church is not responsible or liable for my child after 5:10 pm.
8. If my child remains on the church premises after 5:10 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 summer program.

我證明以上一切資料屬實 I certify that the above information is correct.

家長簽名 Parent's Signature

日期 Date

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VII: 放棄追究責任同意書 WAIVER AGREEMENT

若遇意外，我允許屋崙華人長老會選定的醫務人員送子女入院治療，又允許子女接受適當的治療，接受救護車送院，接受注射，接受麻醉，接受手術籍以急救該申請表的註冊小朋友。我同意屋崙長老會的職員，義工或參加者在暑期班期間不論在戶外戶內無需負責意外造成的身體受傷，疾病和物件損毀。

我同意屋崙華人長老會為宣傳暑期班而為兒童拍攝照片錄影帶，錄音帶或任何錄像裝置的版權。我同意屋崙華人長老會用以上照片或錄像作將來之用而無需付任何費用，亦無需道明照片中之人仕姓名。

我自願簽這放棄追究責任同意書。我的簽名表明我在法律許可下同意屋崙華人長老會的所有牽涉人員無須負任何責任。

In case of emergency, I hereby give permission to the physician selected by the Chinese Presbyterian Church 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 the Chinese Presbyterian Church 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 Chinese Presbyterian Church of Oakland to photograph, film, videotape, audio record all aspects and participants in the summer program, including my children, or through the use of any other manner of recording by any other means, for the purposes of promoting the summer program. I agree that the Chinese Presbyterian Church 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 Summer 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 Parent's Signature	日期 Date
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VIII: 健康與安全政策 HEALTH & SAFETY POLICIES

我們致力為今年暑期班的學員提供一個健康的學習環境，因此懇請家長切勿帶患病的子女上課。倘若孩子有患病徵兆，或 24 小時發燒不退，敬請家長留小孩在家休息。

假如小孩呈現患傳染病徵兆，他們會馬上被遣送回家，直至體溫在無需服藥的情況下 24 小時之內也不超過度 100 度和 / 或者得到醫生的治癒證明。參加暑期班的學員，需要有「新型冠狀病毒測試陰性證明」(proof of negative COVID test)。

我同意和明白上述健康安全措施。我的簽署證實在過去 14 天內未到過傳播感染病毒的國家，又或者曾經與患有新冠狀病毒的人士接觸，又或者在飛機上與有感染的病患者接觸。如情形有所改變，我會立即通知暑期班主任。

We strive to create a healthy environment for our students in our summer 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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