



Chinese Presbyterian Church of Oakland • 265 – 8th 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 4TH AND 5TH 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 8th 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:		For Office Use Only Date _____ No. _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Zelle # _____ Amount: \$ _____	
		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%;"> K 1 2 3 4 5 </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

- ☐ 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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V: 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昇華課餘補習班所安排的一切活動。
我明白這補習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。並每天自備小點到校。
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. 請准時到長老會265 八街接送你子女。
6. 上課時間是:約在下午一時半至下午六時正。(因各校下課有異, 所以接放學時間不同)
我的兒女若要遲到早退或放假外出。我必在二十四小時前用書面通知學校。 **(510) 385-7073**
7. 在每六時十分後, 中華基督教屋崙長老會補習班對我的兒女不需負任何法律責任。
8. 下午六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 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 8th 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.

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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VI: 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，義工或參加者在補習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補習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，亦無需道明照片中人之姓名。

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 (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 Parent's Signature	日期 Date
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VII: 健康與安全政策 HEALTH & SAFETY POLICIES

我們致力為今年補習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。參加課餘補習班的學員，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 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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