

## 2025-2026 After School "Intro to Engineering & Robotics Class" Application Form FOR Elementary Students attending ANY school 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.

# Wednesdays from 3:00-4:30 pm (Beginning September 3, 2025) NOTE: Complete the "Sign-up Form" that lists the projects and mark the dates you want to attend. \*\$60 per week (for students from <u>ALL</u> schools) Parent <u>MUST</u> drop-off & pick-up child at CPC of Oakland, 265 8<sup>th</sup> Street!

#### ~ LIMITED TO 15 STUDENTS ON A FIRST-COME, FIRST-SERVED BASIS. ~

\*Students <u>MUST</u> sign-up at least one (1) month prior to the class to ensure we purchase enough materials. <u>Otherwise additional fees may apply.</u>

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
	男Male 女Female	No.
住址 STREET ADDRESS	出生日期 BIRTHDAY	
E. E. C. R. C. R. C.		□ Cash
		☐ Check #
		☐ Zelle #
		Amount: \$
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)	2025年8月份將就讀那	一學校
Grade in August 2025 (Circle one)		
K   1   2   3   4   5	公立Public □ 私立P	rivate $\square$
曾否參加過長老會的暑期班? Have you attended CF	C's Summer Program or	Elevate in the Past? 是Yes □ 否No □
如有, 曾參加過那一年? If yes, which year(s)?	C	
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#### II: 語言能力LANGUAGE

英語 ENGLISH	聽 LISTEN □	講 SPEAK □	書寫 WRITE □
中文一廣東話	聽 LISTEN □	講 SPEAK □	書寫 WRITE □
CHINESE—CANTONESE			
中文一普通話	聽 LISTEN □	講 SPEAK □	書寫 WRITE □
CHINESE-MANDARIN			
OTHER:	聽 LISTEN □	講 SPEAK □	書寫 WRITE □

#### 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
● 三 ···································		<b>季红味ŒNyoye Nyyose</b>	
電話號碼PHONE NUMB	EK	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	1.
☐ My child will be picked up by someone else whom	I authorize.
除家長以外,我 <b>核准以下此人可接送我的孩子</b> : Other Persons Authorized to Pick Up Student in Addition to NOTE: A picture ID is required when they	- · ·
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 an 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 drop-off and pick-up my child from CPC of Oakland, located at 265 8th Street in Oakland, CA.
- 6. The *Introduction to Engineering and Robotics Class* runs from 3:00-4:30 pm on Wednesdays as posted. 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 the *Introduction to Engineering and Robotics Class* ends at 4:40 pm.
- 8. If my child remains on the church premises after 4:40 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 Parent's Signature	日期 Date

#### 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 Parent's Signature	日期 Date



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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



## Engineering & Robotics Class Sign-up Form Wednesdays 3:00-4:30 pm

Parents MUST drop-off & pickup students at 265 8th St., Oakland

Price: \*\$60 per class

**Directions:** Check the boxes next to the dates you want to attend.



Sign-up	2025 Projects
	Name Plate Circuit
	Minecraft Torches
	Paper Circuits #1
	Paper Circuits #2
	Make a Pet Hat Design
	Hopper Popper Design
	Paper Circuits #3
	Flashlights & Haunted House
	Sugar Skull Project
	Paper Circuits #4
	Paper Circuits #5
	Wearable Circuit Project #1
	No Class - Thanksgiving Break
	Wearable Circuit Project #2
	Paper Circuits #6
	Wearable Circuit Project #3
	No Class - Winter Break





Student's Name		School			Grade
Parent's Name		Phone: (	)		
Parent's Email					
Number of Classes Sel	ected	X	\$60 =	\$	
			•		Amount Due
	For Office	Use Only			
Date	No		Amount Receiv	ved: \$	
□ Cash	☐ Check #	□ Ze	elle #		_

Questions? Email us at: elevatecpc@gmail.com or call (510) 385-7073