



Agapeland Summer Program Application Form

愛加倍園暑期班申請表

(6/15/2016 – 8/5/2016)

Student's Information		學生資料	
Last Name 姓	First Name 名	Birthday 出生日期	Gender 性別
Chinese Name 中文姓名	Home Address 住址	Current School 目前就讀學校	
Home Phone 電話 ()	Cellular Phone 手機號碼 ()	Email Address 電子郵箱	

Please select (√) the appropriate boxes below. 請在下欄打勾註明您的選擇(√)			
Extended hour before school (8am – 9am) 課前額外時間 \$190	Full Program (9am – 3pm) 全日課程 \$900	Extended hours after school (3pm – 6pm) 課後額外時間 \$400	Total Tuition 學費總額

Student's T-shirt size (Youth size): X-Small Small Medium Large X-large
 學生 T 恤尺碼 (青少年尺碼): 特小 小 中 大 加大

Grade (upcoming Fall Semester) 今秋升讀年級:

The student has/has not attended Agapeland Summer Program previously.
 If yes, what year? _____ 學生有/沒有參加過愛加倍園暑期班。如有，那年？_____

The student owns/does not own a Bible. If yes, which kind? _____
 學生有/無一本聖經？如有，那
 種?: _____

Language class desired: Mandarin Cantonese
 學生希望選讀 國語班 粵語班

Language student speaks at home: Mandarin Cantonese English Others _____
 學生在家裏講 國語 粵語 英語 其他
 語言

Language student has learned: Mandarin Cantonese, for how long? _____
 學生曾經學過 國語 粵語 多久

Language student has not learned: Mandarin Cantonese English
 學生不會學過 國語 粵語 英語

I learned about Agapeland Summer Program through:
 我從何處得知愛加倍園暑期
 班? _____

Parents'/Guardian's Information 家長或監護人資料

Name 姓名	Relationship 關係	Email Address 電郵信箱	Contact Phone 聯絡電話

Emergency Contact Information 緊急聯絡人資料

Contact Person #1 聯絡人姓名 1	Address 地址	Phone 電話
Contact Person #2 聯絡人姓名 2	Address 地址	Phone 電話
Doctor's Name 醫生姓名	Medical Insurance 醫療保險	Insurance No. 醫療保險卡號碼
Doctor's Office 醫生地址	Phone 電話	Please list any Allergies; Medication; or Learning Issues: 請提供任何食物過敏反應, 服用藥物, 或有關學習方面資訊:

Agapeland Summer Program Medical/Photograph/Video Release Agreement 家長同意書

I give permission for my child (Name)_____ to participate in the activities of the Agapeland Summer Program with the following agreements:

- I give my permission to the school personnel to take full charge of any emergency in the event all the above said persons are unable to be reached. **I will not hold the school or any staff members liable** in the case of accidents or injuries. **I have studied the rules and regulations** of Agapeland Summer Program **and will agree to follow them** as required by the school.
- I give permission for my child to **be photographed and/or videotaped**, for the images to be used as Photographs - 1) for display on bulletin boards within the ACC/GGCC premises for viewing by students, parents, staff, and the church community, and 2) for use in brochures and newsletters for the purpose of promoting ACC/GGCC programs and providing information to the students, parents, staff, and the church community.
- **Videotapes** - for viewing by students, parents, staff, and the church community during special programs such as Christmas Celebration and Open House.

I understand that these photographs and videotapes will not be sold or displayed on internet websites.

我同意_____ (子女姓名) 參加愛加倍園暑期班活動。我明白在從事各項活動若有任何緊急情況, 無法聯絡到家長、監護人或醫生時, 學校負責人可全權處理; 若有任何意外或受傷, 校方不承擔責任。本人授權愛加倍園工作人員, 為學生在參與學校活動時照相或錄影, 所攝之影像僅可供本學校及金門教會

及愛加倍社區中心於聖誕聯歡及開放日等節期觀看, 或作學校、教會之公告欄、學校通訊、傳單之用。我明白這些相片或錄影將不會被用於交易或公諸於電信聯網。

Parent or Guardian's signature: _____ Date: _____
家長或監護人簽名 日期

School Use Only 學校使用專欄, 請勿填寫

Total Tuition: _____

Payment : _____ Cash Check # _____ Payment Date _____

Balance : _____ Cash Check # _____ Payment Date _____

Registration Form received by: _____ Date: _____