



Agapeland Summer Program Application Form

愛加倍園暑期班申請表

(6/20/2018 – 8/10/2018)

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 \$220	Full Program (9am – 3pm) 全日課程 \$1050	Extended hours after school (3pm – 6pm) 課後額外時間 \$470	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: _____

Do you have a religious affiliation? Yes ___ No ___ If yes, please specify _____
 你有宗教信仰嗎? 有/沒有 如有, 請註明 _____

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
 學生不曾學過 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: _____