



2024 Agapeland Summer Program Application Form

2024 年愛加倍園暑期班申請表

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 ()	Cell Phone 手機號碼 ()	Email Address 電子郵箱	

Please select (√) from the box(es) below 請在下欄打勾註明您的選擇 (√)				
AM Extended Hour (8:00 am – 9:00 am) *課前延伸班 \$220	Session 1 第一期 (9:00 am – 3:00 pm) *6/20/2024-7/19/2024 \$1,030	PM Extended Hour (2:50pm – 6:00pm) *課後延伸班 \$450	School Lunch *午餐 \$132	Total Tuition 學費總額
AM Extended Hour (8:00 am – 9:00 am) 課前延伸班 \$200	Session 2 第二期 (9:00 am – 3:00 pm) 7/15/2024-8/9/2024 \$930	PM Extended Hour (2:50pm – 6:00pm) 課後延伸班 \$410	School Lunch 午餐 \$120	Total Tuition 學費總額
AM Extended Hour (8:00 am – 9:00 am) 課前延伸班 \$315	Two Sessions 兩期都參加 (9:00 am – 3:00 pm) 6/20/2024-8/9/2024 \$1,470	PM Extended Hour (2:50pm – 6:00pm) 課後延伸班 \$645	School Lunch 午餐 \$222	Total Tuition 學費總額

*Independence Day will be observed on 7/4/2024 七月四日國慶日放假一天

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 特大

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, which year(s)? _____

學生 有/沒有 參加過愛加倍園暑期班。如有, 哪年? _____

The student owns/ does not own a Bible. If yes, which version? _____

學生 有/沒有 一本聖經? 如有, 哪譯本? _____

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

Language(s) student speaks at home: Cantonese English Mandarin Others _____
 學生在家裏說: 粵語 英語 國語 其他語言 _____

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

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 電子郵箱	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 Address 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

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

- I give 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 liable** in the case of accidents or injuries. **I have studied the rules and regulations** of Agapeland Summer Program **and 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 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.

家長同意書

我同意_____ (子女姓名) 參加愛加倍園暑期班課程的活動。我明白在從事各項活動若有任何緊急情況，當學校無法聯絡到家長、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，校方不會承擔責任。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派對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 或公諸於互聯網。

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

School Use Only 學校使用專欄，請勿填寫			
Total Tuition: _____			
Payment: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Payment Date: _____
Balance: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Payment Date: _____
Registration Form received by: _____		Date: _____	