



2025 Agapeland Summer Program Application Form 2025 年愛加倍園暑期班申請表

Student 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 (√)				
Session Options 請選擇期數 9:00am-3:00pm <small>Sessions 1 and 2 are NOT identical 第一期與第二期不同內容</small>	AM Extended Care 8am-9am 課前延伸班	PM Extended Care 3pm – 6pm 課後延伸班	School Lunch 午餐	Total Tuition 學費總額
Session 1 ONLY 只參加第一期 (9:00 am – 3:00 pm) 6/23-7/11 \$850 <input type="checkbox"/>	\$157 <input type="checkbox"/>	\$323 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Session 2 ONLY 只參加第二期 (9:00 am – 3:00 pm) 7/14-8/1 \$850 <input type="checkbox"/>	\$157 <input type="checkbox"/>	\$323 <input type="checkbox"/>	\$150 <input type="checkbox"/>	
Sessions 1 and 2 兩期都參加 (9:00 am – 3:00 pm) 6/23-8/1 \$1,650 <input type="checkbox"/>	\$314 <input type="checkbox"/>	\$646 <input type="checkbox"/>	\$300 <input type="checkbox"/>	

If your child is not enrolled in the lunch program, they must bring their own lunch. Independence Day will be observed on 7/4/2025 如果您的孩子不買午餐，請自行帶午餐。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: _____

I acknowledge that Agapeland Summer Program is a Christian organization and that my child will be taught Christian values and principles 我了解愛加倍園暑期班是一個基督教機構所辦，且我的孩子會以基督教的價值與原則被教導: Yes 是 No 否

The student has/ has not attended the 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? _____

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

Parent/Guardian 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.**

愛加倍園暑期班醫療/相片/影片同意書

我同意我的孩子(姓名) _____ 參加愛加倍園暑期班的活動，並遵守以下協議：

我同意在上述所有聯絡人無法聯繫的情況下，學校工作人員可全權負責處理任何緊急情況。若發生意外或傷害，**我不會追究學校或任何員工的責任。我已經閱讀並了解愛加倍園暑期班的規則和條例，並同意按照校方的要求遵守這些規定。**

我同意我的孩子**被拍照和/或錄影**，並同意這些影像只用於以下情況

- **照片** - 1) 在 ACC/GGCC 場地內的公告板上展示，供學生、家長、員工及教會社群觀看；2) 用於宣傳 ACC/GGCC 項目的小冊子和刊物，並提供相關信息給學生、家長、員工和教會社群。
- **影片** - 在特別活動（如聖誕慶祝活動和開放日）中，供學生、家長、員工及教會社群觀看。**我了解這些照片和影片不會被銷售或展示在互聯網網站上。**

Parent or Guardian's Signature: _____ Date: _____

家長或監護人簽名

日期

Payment method: By check only. Please make check out to "ACC" 付款方式:只收支票，支票抬頭請寫 "ACC"

Please send the application and check to 請將申請表及支票寄至以下地址

Agapeland Summer Program 378 18th Ave. San Francisco, CA 94121

School Use Only 學校使用專欄，請勿填寫

Total Tuition: _____

Payment: _____ Cash Check # _____ **Payment Date:** _____

Balance: _____

Registration Form received by: _____ **Date:** _____