



2019-20 Afterschool Programs

2019-20 年課後輔導班

PS 2 PS 42 PS 124 PS 126 PS 130

Student's Name 學生姓名: _____ (中文): _____

Current School _____

就讀學校: _____ Grade 年級: _____

PRIMARY PARENT/GUARDIAN INFORMATION 主要家長/監護人資料

Name 姓名: _____ (中文): _____ Relationship 關係 _____

Phone # 電話號碼: _____ 微信/WhatsApp: _____ Email: _____

Address _____ City/State _____ Zipcode _____

住址: _____ 城市/州: _____ 郵政編碼: _____

Please check one 請選一：

- Super Early Bird Rate 提前報名優惠 (Ends 6/26/19 截止) \$1500
 - Summer Early Bird Rate 夏季報名優惠 (Ends 8/16/19 截止) \$1600
 - Regular Rate 原價 (On or After 8/17/19 起) \$1650
- Fee/學費\$ _____

Applicable Discounts 其它優惠 (Please check all that apply 請勾選所有適用項)

- My child was enrolled in 2019 ISS Summer Program: \$50 off) - \$ _____
孩子是 2019 暑期班學生: \$50 優惠
- My child is a sibling of registered student: \$25 off - \$ _____
孩子已有兄弟姊妹報名輔導班: \$25 優惠

Total Balance 總額 = \$ _____

Payment 付款

- I would like to pay the total fee today 我想一次性付全款
- I would like to pay in Two installments 我想分兩期付款 (\$ total balance 總額/2)
- I would like to pay in Four installments 我想分四期付款 (\$ total balance 總額/4)

PAYMENT DUE TODAY 今天付款 \$ _____

Payment Information

Check or Monday order in the amount of \$ _____ is enclosed. Make check payable to "Immigrant Social Services".
(Please include student's name on check.)

If you choose to pay in installments, we will contact you about payment schedule.

Bounced Check Fee: \$35 bank fee for each bounced check.

Refunds will be given to students who withdraw within the first four weeks of the program. You will be charged a pro-rated fee for the first month of the program and a processing fee of \$25.

付款資料

附上支票或匯票，受款人請寫 Immigrant Social Services（支票上請寫孩子的名字）

銀行退票：每張銀行退票收取 \$35 手續費

退款規定：如開學四週內退學，我們會按照以上課日數比例退款，不包括\$25手續費。

By signing this form, I agree to the fee payment and refund policy.

在此表格簽名代表我同意上述付款和退款規定。

Signature of Parent/Guardian 家長/監護人簽名

Date 日期

Please make sure to submit the following forms before the first day of program to complete the registration process:

1. Health Record for Children in Day Camps & Afterschool & Youth Centers
2. Child Health Examination Form (to be filled out by your child's physician)

輔導班開始前，請務必提交以下表格以完成註冊過程：

1. 兒童健康記錄表
2. 兒童健康檢查表（由您孩子的醫生填寫）

Thank you! 謝謝!



School Site: <input type="checkbox"/> PS 2 <input type="checkbox"/> PS 42 <input type="checkbox"/> PS 124 <input type="checkbox"/> PS 126 <input type="checkbox"/> PS 130	Program: <input type="checkbox"/> Afterschool <input type="checkbox"/> Summer	School Year:
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Child's Name 學生姓名: _____ (中文): _____

Gender 性別: Male 男 Female 女 D.O.B. 出生日期: / / Grade 年級:

Address 住址: _____ City/State 城市/州: _____ Zipcode 郵政編碼: _____

Current School 就讀學校: _____ ELL: Yes 是 No 不是 IEP: Yes 有 No 沒有

Primary Languages at Home 家庭的主要語言: English 英語 Mandarin 國語/普通話 Cantonese 廣東話
 Fujianese 福建話 Spanish 西班牙語 Other 其它:

Has your child participated in ISS programs before? 你的孩子以前參加過華僑社會福利社輔導班嗎? Yes 有 No 沒有 If yes, which year? 如有，請填年份: _____

If your child is enrolled for the first time, how did you hear about our program? 如果小孩是華僑社會福利社輔導班新生，您是透過那裏得知我們的活動? _____

If someone referred you, please tell us their name? 如受人推薦，請填寫推薦人姓名。 _____

PRIMARY PARENTS/GUARDIANS INFORMATION 主要家長/監護人資料

1.Name 姓名: _____ (中文): _____ Relationship 關係 _____

Phone # 電話號碼: _____ 微信/WhatsApp: _____ Email: _____

2.Name 姓名: _____ (中文): _____ Relationship 關係 _____

Phone # 電話號碼: _____ 微信/WhatsApp: _____ Email: _____

EMERGENCY CONTACTS 緊急聯絡人

1.Name 姓名: _____ (中文): _____ Relationship 關係 _____

Phone # 電話號碼: _____ Additional Phone # 其它電話號碼: _____ 微信/WhatsApp: _____

2.Name 姓名: _____ (中文): _____ Relationship 關係 _____

Phone # 電話號碼:	Additional Phone # 其它電話號碼:	微信/ WhatsApp:
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PICKUP AUTHORIZATION 接送學生授權表格

The following individuals have my permission to pick up my child. (Photo ID required.)

我允許下列人士接送我的子女。(需出示身分證明。)

1.Name 姓名:	Phone # 電話號碼:	Relationship 關係:
2.Name 姓名:	Phone # 電話號碼:	Relationship 關係:
3.Name 姓名:	Phone # 電話號碼:	Relationship 關係:

I authorize my child to leave on his/her own after the program is over for the day. (Must be age 11 or older.)
我准許我的子女活動完畢後自己回家(學生必須 11 歲或以上。)

I authorize my child to sign out his/her younger sibling(s) and leave together after the program is over for the day.
我准許我的子女活動完畢後帶他的弟妹一起回家。

Signature of Parent/Guardian 家長/監護人簽名

LETTER OF CONSENT 輔導班同意書

My son/daughter _____ is presently a registrant attending the after-school/summer programs at Immigrant Social Services Inc. I, as parent or legal guardian, authorize you on my behalf to make necessary decisions concerning the safety of my child in case of any emergency during program hours. I also understand and agree that after the program hour/dismissal time, my child will walk home by him/herself, or will be picked up by a designated person arranged by myself. The agency bears no responsibility for the child after dismissal. (Office of Children and Family services Regulation 414.8(g).)

I grant permission for my child to use all equipment and participate in all activities at ISS programs.

I grant permission for my child to leave the school premises under adequate supervision by staff for neighborhood walks or parks and for trips. It is my understanding that these trips may be taken at any time without further consent from me.

I grant permission for my child to leave the school premises for field trips, eg. library, movie theater, etc. Immigrant Social Services, Inc. is open to all students, however if we deem a child exhibiting unsafe behavior to himself/herself, peers and adults in the school, we will require additional parental support in the classroom and on field trips. Field trip expenses must be paid for by the parent/guardian. If this partnership is unmet, Immigrant Social Services, Inc. reserves the right to discharge your child from our program.

我的兒子/女兒_____參加華福社舉辦的課後補習班及暑假夏令營，我本人身為孩子的家長或合法監護人，授權給華僑社會福利社在課後補習班及暑假夏令營的時間當有緊急情況發生，為本人孩子的安全作必要的決定。我也解而且同意我的孩子在放學或者解散後，自己走路或被我所指定的代理人接送回家。華福設在放學或解散後，對您的孩子不負責任。

我准許我的小孩使用華僑社會福利社所有的設備及參加華福社所有活動。

我准許我的小孩在足夠工作人員前提下，離開學校去鄰近地區公園散步和旅行。我了解這些旅行會在沒有進一步通知我的情況下發生。

我准許我的小孩為了去遠足或戶外教學而離開學校，例如去圖書館，看電影等。

所有學生都可參加華僑社會福利社的輔導班和活動，但是如果我們認為學生在學校對自己，同學和成人有不安全行為，我們將要求父母在課堂上和旅遊/實地考察時有更多的支持。旅遊/實地考察的費用必須由家長/監護人支付。如果這次合作未得到滿足，華僑社會福利社將保留學生被要求終止參加課程的權利。

CONSENT TO PHOTOGRAPH/VIDEO/INTERVIEW 照相/錄影/訪問同意書

ISS Afterschool/Summer Program may have programs that include special events in and outside the school. In such an event, it is possible that the media, in the form of television, newspaper or journals may be invited, or may appear on their own accord to document such an event. In these cases, they might photograph, video or interview your child and such may be used to promote the ISS Afterschool/Summer Program.

Please check one:

I give permission for my child to be photographed/videoed or interviewed in the event of these special programs and for ISS website, social media, and brochures.

I do not give permission for my child to be photographed/videoed or interviewed in the event of these special programs for ISS website, social media, and brochures.

華僑社會福利社課後輔導班及暑期班課程可能會有包括其他另外的課程活動，這個課程包含在校內和校外的特別活動，果有特別活動時，我們可能會邀請電視、報社或新聞雜誌媒體來採訪，他們媒體也可能為了記錄這項活動自動來參與，他們可能會照相、錄影或訪問你的小孩，這些是為了提昇華僑社會福利社課後輔導班及暑期夏令營課程活動。

請選一：

我准許我的孩子的照片或錄影出現在媒體或華僑社會福社的網站、社群媒體台和刊物。

我不准許我的孩子的照片或錄影出現在媒體或華僑社會福社的網站、社群媒體台和刊物。

I have read and fully understand the statements above and the policies detailed.
我明白和同意華僑社會福社補習班課程和活動的政策。

Signature of Parent/Guardian 家長/監護人簽名

Date 日期

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ / / M F
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

Allergies

- | | |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____ |
| <input type="checkbox"/> Seizures _____ | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Penicillin _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Other Drugs _____ |
| | <input type="checkbox"/> Food _____ |

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.# _____

