



Motivating Youth to Succeed
啟導青年 邁步向前

Date/time:	
Total Amount:	
Check #:	
Received by:	

Francis Scott Key
Summer Program 2017 Registration Form
社區青年中心Francis Scott Key小學暑期班報名表格
June 5, 2017 – July 21, 2017 (Closed on Tuesday, July 4th)
暑期班從 6 月 5 日至 7 月 21 日

Please make all checks payable to: CYC. Application will not be processed without payment.

支票抬頭請寫: CYC。我們將不會處理沒有連同學費繳交的申請表格。

Tuition: non-refundable. Please select program time:

學費是不可以退還的. 請選擇你孩子的暑期班時間:

9am-5pm \$650 (Elementary School Summer Program Fee-incoming 1st to outgoing 5th grader) 小學暑期班學費-將要升一年級至升六年級學生

8am-9am \$75 (including early care) 包括課前托兒

5pm-6pm \$100 (including late care) 包括課後托兒

9am-5pm \$750 (Middle School Summer Program Fee-current middle school students) 初中暑期班學費-現就讀初中學生

T-Shirt Size: small medium large X-large

T-Shirt 尺碼: 小碼 中碼 大碼 加大碼

GENERAL INFORMATION 個人資料

_____/_____/_____
Child's Name 學生姓名 Gender 性別 Date of Birth 生日

Home Address 地址 City State Zip Code 郵區號碼 Home Phone # (家庭電話)

Guardian's #1 Name 監護人的姓名 Cellular # (手機號碼) Work # (工作電話號碼)

Guardian's #2 Name 監護人的姓名 Cellular # (手機號碼) Work # (工作電話號碼)

Grade in the Fall / Child's current school 將升班級/ 學校

School Student ID # Email Address 電郵地址

Are you interested in getting summer lunches? Yes(是) No(否)

EMERGENCY INFORMATION (Please provide 2-3 emergency contacts) 緊急聯絡資料

Contact Person #1 聯絡人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機號碼	Work # 工作電話
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Contact Person #2 聯絡人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機號碼	Work # 工作電話
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I, authorize the following people to be able to pick up my child. 我授權以下的人可以代為接我的孩子離開。

Authorized Pick Up Person 授權簽退人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機號碼	Work # 工作電話
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Authorized Pick Up Person 授權簽退人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機號碼	Work # 工作電話
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Does your child have medical insurance? Yes(是) No(否)
你的孩子是否有醫藥保險?

If yes, please specify the name of the medical insurance carrier and your child's medical insurance number.
如你的孩子有任何醫藥保險, 請在以下填寫資料: 醫療保險公司/機構, 醫療保險號碼.

Insurance carrier name 保險公司	Insurance number 保險號碼
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Please specify any types of food allergies and/or medications your child is taking:
請清楚列下你的孩子是否對任何藥物或食物敏感:

If you would like to authorize CYC staff to administer an epipen for your child during an allergic reaction, please specify. ***Guardian's will be required to meet with staff prior to program to go over procedures.***
如果你想授權社區青年中心職員在你孩子有過敏反應時給你的孩子服用 epipen, 請在以下說明。 監護人必須在暑期計劃班開學前與暑期計劃班的職員練習服藥的程序。

Parent Field Trip Consent Form

家長/監護人同意書

I _____ hereby give permission for my son/daughter _____ to attend CYC: FSK Elementary School Summer Program from **Monday, June 5, 2017 to Friday, July 21, 2017**. I also give permission for my son/ daughter to attend once a week fieldtrips off site. I understand that my son/daughter will be supervised by CYC staff onsite and offsite during fieldtrips or any outings. I will not hold CYC liable should any accidents, injuries or misfortunes occur. In the event of an injury, I, as the undersigned parent or legal guardian, do hereby authorize Community Youth Center of San Francisco (CYC) as an agent for me to consent to any medical treatment, which may become necessary.

我 _____ 在此允許我的子/女 _____ 參加社區青年中心舉辦的暑期班: Francis Scott Key 小學從 6/5/2017 星期一至 7/21/2017 星期五的暑期班。我也允許我的子/女參加一周一次的戶外旅行。我明白我的子/女將會受到社區青年中心的職員看管。但如有任何意外或受傷事件發生, 我將不會追究社區青年中心及其職員。若果我的子/女在活動期間受傷, 我在此授權社區青年中心代表或轉介所必需的醫療服務。

Parent/Legal Guardian Signature 家長/監護人簽名

Date 日期

I, the undersigned, **HEREBY GIVE CONSENT** for my child to be photographed and **I AUTHORIZE** CYC, its employees, agents, or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s), artwork, or my child's name in any CYC publication, multimedia production, film, video, CD-Rom, DVD, display, advertisement, website or other material for promotional or other business purposes. **I RELEASE** CYC, any of its associated/affiliated branches, programs, their directors, officers, agents, officers, directors, customers, and CYC's appoint advertising agencies, officers, directors, agents and employees, from all claims of any kind on account of such.

我在下面簽署以同意被拍攝及授權社區青年中心, 它的僱員, 代理人, 或中心已授權之代表使用、複印、印刷、傳送、派發及展示所述照片/作品, 或我的名字用於社區青年中心的印刷品上。大眾傳媒產品、電影、錄影帶、CD-ROM、DVD、展覽、廣告、網頁或其他宣傳物料上, 或作其他行政用途。我豁免社區青年中心, 任何其附屬分行活動計劃其主任、職員、代理人、顧客及中心委任的廣告機構的職員、主任、代理人及其僱員, 所有因上述行為而引致的起訴。

Parent/Legal Guardian Signature 家長/監護人簽名

Date 日期

Early care/late care: 課前/課後托兒:

Early care drop off and late care pick up will be in designated room (TBD). Guardians will have to sign their child in and out with a program leader before drop off and pick up.

課前課後托兒的接送地點將會在指定的課室(待決定)。監護人必須與暑期計劃負責職員簽到和簽退。

Sign out/Pick Up Policies:

Due to the new fee changes from the San Francisco Unified School District, sign out and pick up will be highly enforced this year. All community based organizations will be charged an extra \$100 fee for every hour a program remains on site after operating hours.

Please make prior arrangements to ensure your child (ren) are picked up by 5pm (if student is not registered for after care). Sign out will begin at 4:45 pm for FSK's Summer Program. After **5:00 PM**, a **\$2.00/minute** late fee will be collected. This late fee policy was created *through the input of parents and guardians* when asked what would motivate them to pick up their students on time and thereby ensure their safety and wellbeing. If your child is not picked up by 5:30 pm/ 6:30pm for after care students, the police may be called to pick up your child(ren). Please contact your program's Site Coordinator if you or the authorized adult picking up your child will be late.

課後班簽退規定:

由於三藩市校區的新的收費調整，學生的簽退時間規定將會強制執行。如果我們在原定的暑期班計劃時間後繼續佔用場地，校區將會向我們收取每小時\$100 的額外費用。

請務必安排在 5:00PM 前接你的小孩離開 (如果你的孩子沒有參加課後托兒計劃)。Francis Scott Key 小學暑期班的簽退時間從 4:45PM 開始到 5:00PM 結束。從 5:00PM 開始，我們將會收取每分鐘\$2.00 的超時附加費。這項收取超時附加費的規定可以鼓勵家長/監護人準時接孩子離開，也因此可以保障孩子的安全。如未能在 5:30PM 前/6:30 前 (參加課後托兒計劃)簽退，我們可能會通知警察代為簽退。如你或指定的委托人未能準時接你的小孩離開，請與課後計劃統籌聯系。

Parent/Legal Guardian Signature 家長/監護人的簽名

Date 日期

CYC 2017 Summer Program
社區青年中心暑期班報名表格
Monday, June 5, 2017 – Friday, July 21, 2017
暑期班從 6 月 5 日星期一至 7 月 21 日星期五
Francis Scott Key

Allergy Information Form
過敏資料表格

Students' Name: _____ Student's Grade: _____
學生姓名 學生姓名班級

Guardian's Name: _____
監護人的姓名

Address: _____ Contact Phone#: _____
地址 聯絡人電話號碼

Allergen: _____ Level of severity: MILD HIGH
過敏原 過敏程度: 輕微 嚴重

Please specify child's allergies and what symptoms staff should look for once student is in contact with allergen. 請清楚列下你的孩子是否對任何藥物或食物敏感, 並註明過敏癥狀

In the case of an allergic reaction, I would like staff to contact (please check one):
如果遇到過敏反應的情況, 我希望工作人員聯系(請選擇一個):

_____ Contact me first # _____
先聯系我

_____ Call 911
撥打 911

My child requires an Epipen and I would like to authorize CYC Staff to administer the Epipen. 我的孩子需要服用 Epipen, 我權社區青年中心職員給我的孩子服用 Epipen。

Guardian's name 監護人的姓名

Signature 簽名

Date 日期