



恩望堂中文學校報名表

Hope Lutheran Chinese School Registration Form

55 San Fernando Way, Daly City, CA 94015 Tel: (650) 991-4673 Ext. 0

Name 姓名: (English 英文): _____ (Chinese 中文): _____

Sex 性別: _____ Age(年齡): _____ Date of Birth 出生日期: _____ Telephone 電話: _____

Class applied 申請年級:

_____ 粵語班 Cantonese class _____

_____ 國語班 Mandarin class _____

Address 地址: _____ CA _____

Name of parents 父母姓名: (Father 父親) _____ (Mother 母親) _____

Occupation of parents 父母職業: (Father 父親) _____ (Mother 母親) _____

Work phone of parents 工作電話: (Father 父親) _____ (Mother 母親) _____

Does the child have any special health problem 你的子女有沒有特別的健康問題? _____

Do you belong to any religion: Christianity / Catholicism / other:

你們有沒有屬於任何宗教: 基督教 / 天主教 / 其他: _____

Do you attend any church 你們有沒有參加任何教會: yes / sometimes / in the past/no 有/間中/只在過去參加/沒有

Name of church 教會名稱: _____

Are you/your child interested to attend 你或你的子女有沒有興趣參加:

____ Children's Fellowship Group: Saturday 1- 2:30 pm (Students can bring lunch and stay for the fellowship group.)

兒童及少年團聚,星期六:一時至二時三十分(學生可以帶午餐留下參加團契。)

在緊急情況之下,教會可撥這個電話找到我或其親友:

In case of emergence, I can be reached at other phones: _____

若找不到我,在緊急情況之下可以將我的子女帶去接受緊急醫藥治療,醫藥由我支付 可以 / 不可以

In case of emergency, I give permission for my child to be given medical treatment at my expense. Yes / no

我的子女的醫生的姓名,地址及電話:

The name, address & phone number of my child's doctor: _____

Signature of parent/guardian 家長/監護人簽名 Date 日期

恩望堂中文學校校規

Hope Lutheran Church Chinese Language School Regulations

55 San Fernando Way, Daly City, CA 94015 Tel: (650) 991-4673 Ext. 0

1. 上課時間：星期六上午九時三十分至十二時十五分。
 2. 若學生請假或退學，請通知校方。若學生不能返回中文學校，父母需要寫告假信交給中文學校，或用電話告假(650) 991-4673 內線 0 (教會)，若學生三個星期不上學而沒有告假，便作自動退學。
 3. 學生必須準時上學，太多遲到可導致開除學籍。
 4. 學生在校內必須安靜，守秩序和做齊功課，否則亦可開除學籍。
 5. 父母必須參加所有家長會以增進溝通及了解，和對學生表示支持。
 6. 若任何學生破壞恩望堂的公物，家長是需要賠償的。
1. Time for school: Saturdays 9:30 a.m. - 12:15 p.m.
 2. If any student wants to take vacation or wants to withdraw from the Chinese School, please notify us ahead of time. If a student cannot go to Chinese school, the parents have to give a letter of excuse, or call (650) 991-4673 Ext. 0 (church). If a student is absent for 3 times without excuse, he is automatically expelled from the school.
 3. The students should go to school punctually. Excess tardiness can result in being expelled from the school.
 4. The students must be quiet and obedient in school and do all the homework. If not they can also be expelled from the school.
 5. The parents should attend all parents' meetings in order to promote better communications and understanding and give support to the students.
 6. If any student does any damage to the property of Hope Lutheran Church, the parent has to be responsible to pay for the damage.

中文學校報告 Announcements of the Chinese Language School:

1. 除了公眾假期及長週末 (long weekends) 放假外，中文學校全年上課。
 2. 學費：每月五十元 (包括書簿雜費)，學費每三個月交一次，每次交費是一百五十元，每逢二月，四月，七月，十一月尾之前繳交，逾期未交者當作退學處理，名字會被放在候補名單上。若要繼續就讀須另交手續費十元。
 3. 中文學校學生每星期都有半小時是唱詩歌和聽聖經。
1. The Chinese language school runs all through the year, except for Saturdays that fall into long weekends or holidays.
 2. The tuition is \$50 per month including books and materials. Tuition is paid once every three months in the amount of \$150. Due dates are the end of February, April, July and November. For those who do not pay by due dates, the names will be put in the waiting list. If they desire to continue in the Chinese School, they have to pay a \$10 registration fee.
 3. Every week during Chinese school, the students have half an hour of singing Christian songs and listening to Christian messages.



恩望堂中文學校

學生緊急聯絡資料

Hope Lutheran Chinese School Student Emergency Information

Student's Name (學生姓名): _____ Grade (中文學校年級): _____

Home Address (地址): _____

Phone Number (電話): _____

Emergency Contacts 緊急聯絡

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

Address (地址): _____ Phone Number (電話): _____

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

Address (地址): _____ Phone Number (電話): _____

Physician Information 子女的醫生資料

Name of Physician (醫生姓名): _____ Phone Number (電話): _____

Address (地址): _____

Allergies (敏感): _____

Medications (醫藥): _____

In case of emergency, I give permission for my child to be given medical treatment at my expense. Yes / no
在緊急情撈之下，若找不到本人，可以將本人的子女帶去接受緊急醫藥治療，醫藥費用由本人支付。

同意 / 不同意

Parent's signature 家長簽名

Date 日期