



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:

_____ Cantonese Preschool (4 years old only) Fall/Spring Semester

_____ Cantonese class 粵語班 Applied for Grade 申請年級 _____ Summer / Fall / Spring

_____ Mandarin class 國語班 Applied for Grade 申請年級 _____ Summer / Fall / Spring

Email Address 電郵地址: _____

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: _____

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
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
在緊急情況之下，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