



## 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 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 emergency, 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