

2010 Fall Semester Application Form

August 16, 2010 - December 17, 2010

STUDENT'S INFORMATION 學生資料

Last Name 姓	First Name 名	Chinese Name 中文姓名	Date of Birth 出生日期	Place of Birth 出生地點	Age (Aug. 10) 年齡
Home Phone Number 家裡電話	Home Address 住址 Street 街	City 城市	State 州	Zip 郵政號碼	
School 學校名稱	Address 地址	Grade (Aug.10) 年級	Gender 性別		
Registration For	Program Only <input type="checkbox"/>	Extended Care <input type="checkbox"/> (Dianne Feinstein Students Only)	3pm - 6pm fee \$520 / semester	1:50pm - 3pm fee \$380 / semester	Please make check payable to SFCAC (non refundable and non transferable) 支票抬頭請寫SFCAC (以交款項, 不能退還或轉讓)

PARENT'S / GUARDIAN'S INFORMATION 家庭 / 監護人資料

Mother's Name Last 姓	First 名	Business Phone Number / e-mail address	Cell Phone Numb 手提電話
Father's Name Last 姓	First 名	Business Phone Number / e-mail address	Cell Phone Numb 手提號碼

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY 緊急聯絡人

(1) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼
(2) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼

PHYSICIAN TO BE CALLED IN AN EMERGENCY 如有緊急情況, 聯絡的醫生

Medical Insurance Company 醫療保險公司	Medical Plan & Number 醫療計劃 / 號碼	
Physician Name 醫生名字	Address 地址	Business Phone Number 電話號碼
If Physician cannot be reached, what action should be taken? 緊急情況下, 又聯絡不到家長, 應該怎樣處理?		
<input type="checkbox"/> Call Emergency Hospital (In your expense) 叫救護車 (家長自費) <input type="checkbox"/> Other Explain: _____		
Allergies (food, Medicine, etc.) or other chronic medical condition 敏感 (食物或藥物): _____		

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(1) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼
(2) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼
(3) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼
(4) Name Last 姓	First 名	Relationship 關係	Phone Number 電話號碼

Enrichment Courses:	Mad Science (小小科學家) <input type="checkbox"/>	Mandarin (國語) <input type="checkbox"/>	Phonics (拼音) <input type="checkbox"/>
Fee:	\$60 (including materials) 10 classes for each course, once a week, 4:30pm - 5:30pm		
	Please make check payable to SFCAC (non refundable and non transferable) 支票抬頭請寫SFCAC (以交款項, 不能退還或轉讓)		

家庭 / 監護人姓名	家庭 / 監護人簽名	日期
Print Name: _____	Signature of Parent / Guardian: _____	Date: _____

FOR OFFICE USE ONLY:

Received fee for Program Only	Date: _____	Check#: _____	Amount: _____
Extended Care	Date: _____	Check#: _____	Amount: _____
Enrichment Courses	Date: _____	Check#: _____	Amount: _____
	Date: _____	Check#: _____	Amount: _____
	Date: _____	Check#: _____	Amount: _____

Remark: _____