



羅省華人播道會中文學校  
 Chinese Evangelical Free Church  
 Chinese Language Program  
 1111 S. Atlantic Blvd., Monterey Park, CA 91754  
 Email: [infochineseprogram@cefcla.org](mailto:infochineseprogram@cefcla.org)  
 Church Office: (626) 570-8971 School Voicemail: (626) 385-7248

**播道會中文學校 CEFC Chinese Language Program**  
**學生註冊表 Student Registration Form ( 2019 - 2020 )**

**I. 學生資料 Student Information**

中文姓名： Chinese Name	Last Name:		First Name:	
性別： Gender	出生日期： Date of Birth			
地址： Address				
電話號碼： Tel.No.:		家長電郵地址： Email Address:		
家中最常用語言： Language used most at home	英語 English	國語 Mandarin	粵語 Cantonese	其他 Other
宗教： Religion:	播道會註冊會友? 是 Yes ( ) 否 No ( ) CEFC Registered Church Member?			
是否有兄弟姊妹現正或曾經於本校就讀? Any sibling studying/ studied in this program? 是 Yes ( ) 否 No ( ) 姓名 Name : _____ 現正/最後就讀班別 Class: _____ 姓名 Name : _____ 現正/最後就讀班別 Class: _____				

**II. 父母/監護人/接送人士資料 Parent/Guardian/Person who picks up student**

\*未有在此登記的父母/監護人/接送人士，不可從本校接走學生。

**Anyone who is NOT listed below will NOT be allowed to pick up the student from our program.**

	姓名 Name	關係 Relationship	電話號碼 Telephone No.
1			
2			

**III. 緊急聯絡人資料 (如與上列相同，不用填寫。) Emergency Contact (Skip it if same as Part II.)**

	姓名 Name	關係 Relationship	電話號碼 Telephone No.
1			
2			



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#### IV. 緊急情況時醫療同意書 Authorization For Emergency Medical Treatment

I do hereby state that I have legal custody of \_\_\_\_\_ (print name of student). I grant my authorization and consent for the principal or the designated employee (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the student. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

學生對藥物過敏(My child is allergic to): \_\_\_\_\_

學生現正服用的藥物(My child is taking this medication): \_\_\_\_\_

如沒有任何過敏，請填寫 "N/A" Please put down "N/A" if not applied.

#### V. 有關活動紀錄及媒體採訪 About activities photo taking and video taping

學校可以為我的子女拍攝活動照片/錄像並作為宣傳用途 The school can take photos/videotape my child during activities and use them for promotion purposes.

本人承諾未經學校同意不會於社交媒體網站內公開學校之活動照片。I will not publicize any photos of school activities without prior school approval.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_