



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
 Church Office: (626) 570-8971 School Voicemail: (626) 385-7248
 Email: infochinese@cefcla.org

學生註冊表 Student Registration Form () (Office Use)

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			

Updated in July 2016

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 Train a child in the way he should go, and when he is old he will not turn from it. (Proverbs 22:6)



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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" 。 Put down "N/A" if not application.

I. 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.

本人不允許學校拍攝或攝錄我的子女。

Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

家長問卷 Parent Survey

日期 Date: _____

1. 家長姓名(Parent's name):	2. 學生姓名(Student's name): 班別 (Class):
3. 信仰(Religion): <input type="checkbox"/> 基督教 Christian (所屬教會 Church: <input type="checkbox"/> CEFC <input type="checkbox"/> 其他 Others: _____)	
<input type="checkbox"/> 天主教 Catholic <input type="checkbox"/> 佛教 Buddhist <input type="checkbox"/> 其他 Others: _____	
4. 你有興趣認識基督教信仰或本會多一點嗎?	

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Are you interested in knowing more about Christianity or CEFC? <input type="checkbox"/> 有 Yes <input type="checkbox"/> No 沒有
5. 播道會的同工可以跟你聯絡嗎? Can CEFC's staff contact you? <input type="checkbox"/> 可以 Yes. 聯絡方法 How to contact you? <input type="checkbox"/> Phone No. 電話號碼: _____ <input type="checkbox"/> Email address 電郵地址: _____ <input type="checkbox"/> 不需要 No, thanks.
6. 我們可以寄給你有關教會活動消息的電郵嗎? Can we send you email about church events? <input type="checkbox"/> 可以 Yes Email Address 電郵地址: _____ <input type="checkbox"/> 不可以 No, thanks.
7. 你如何認識本中文學校? How do you know about our Chinese Language Program? <input type="checkbox"/> 別人介紹 Word of mouth (<input type="checkbox"/> 學生家長 Parents of our students <input type="checkbox"/> 其他 Other: _____) <input type="checkbox"/> 教會網址 Church website <input type="checkbox"/> 其他 Other: _____

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