

BILINGUAL SUMMER YOUTH PROGRAM 2010

二零一零年雙語暑期班

JUNE 21 – JULY 30, 2010

六月二十一日至七月三十日

註冊資料

BYP 2010

ENROLLMENT

Open to all children entering 1st through 5th grades in Fall 2010.

DATES & TIME

Six weeks, June 21 - July 30, 2010, Monday through Friday (no program Monday July 5th).

Program time is from 9:00 a.m. to 4:30 p.m.

Extended Care is from 8:00 a.m. - 9:00 a.m. and 4:30 p.m. - 5:30 p.m.

COST

\$470 per child for all six weeks (June 21 – July 30) or \$90 per week, per child. Lunch is NOT provided except for weekly cookouts.

Scholarship assistance is available to families who qualify. Scholarship Applications are due Friday, May 7th 2010.

Call (415) 781-0401 ext. 124 for more information.

TO REGISTER

Mail or submit in person completed Registration Form along with your full payment to:

CAMERON HOUSE
Bilingual Summer Youth Program 2010
920 Sacramento Street
San Francisco, CA 94108

Please make checks payable to "Donaldina Cameron House" and indicate your child's name and grade on the check.

二零一零年雙語暑期班提供六個星期的夏天項目。

雙語暑期班（六星期）：

六月二十一日至七月三十日（七月五日國慶放假）

資格

凡二零一零年秋季入讀一年級到五年級之青少年。

時間

六週，星期一到星期五。活動是從早上九點至下午四點半。最早可以早上八點到班，最遲下午五點半離班。有關日期的資料，請看上面。

費用

六周收 \$470元。

或每學生每周收 \$90元。

*助學金：如果有需要，請向工作人員詢問

(415) 781-0401 內線 124 關家勝先生。

截止日期 Friday, May 7th 2010.

報名辦法

請將填妥之報名表及所需款項寄往或交到：

金美倫堂

沙加緬度街 920 號

三藩市，CA 94108

支票台頭請寫上 "Donaldina Cameron House" 並寫上你的孩子的姓名等字。

Questions? Contact Cameron House (415) 781-0401 ext. 124 or e-mail youthministries@cameronhouse.org
Cameron House is a 501(c)(3) organization. Tax Identification Number 94-1618605

JUNE 21 - JULY 30

六月二十二日至七月十日；七月二十至八月七日

註冊資料

BYP Summer 2010

For over 20 years, the Bilingual Summer Youth Program has offered children an exciting educational and recreational program where they can keep exercising their minds. Half the day will focus on academics with subjects in math, English, science, Asian American Studies, and physical education. The second half of the day focuses on enrichment activities including arts and crafts, Chinese martial arts, music, cooking, and cooperative games that help children make new friends. We provide weekly field trips and daily healthy snacks. Through every activity, we strive to teach the children the importance and value of self-esteem, friendship, teamwork, and community.

CHECK-IN (8:00 a.m. – 9:00 a.m.) AND CHECK-OUT (4:30 p.m. – 5:30 p.m.)

Morning drop-off and afternoon pick-up will be at:
CAMERON HOUSE (Chinatown)
920 Sacramento Street
(between Stockton & Powell Streets)

Bilingual Summer Youth Program follows a strict system for check-in and check-out for your child's safety. Please help us by instructing your child to "check-in" and "check-out" with our designated supervisors.

二零一零年雙語暑期班

在超過20年的光陰中，雙語青少年夏令營為青少年提供了令人振奮的教育及娛樂綜合計劃。在此，他們能透過不同於一般學校的環境，繼續發揚學習的能力。上午致力於數學、英文、體育、華裔文化和科學課程。下午進行文娛活動，如遊戲、藝術勞作、歌詠、靈修及其他有趣的活動。青少年還有機會每星期一次外出參觀。透過每項活動，青少年們逐漸領會到自尊、友情、團隊精神及社區合作的重要性。

到班（上午八點到九點）及 離班（下午四點半到五點半）制度

到班及離班在：金美倫堂
沙加緬度街 920 號
三藩市，CA 94108

雙語暑期班班為了保證孩子的安全，有一個嚴格的簽寫“到班”及“離班”表格的制度，務請遵守。

BILINGUAL SUMMER YOUTH PROGRAM 2010 Registration Form

LAST NAME 姓	FIRST NAME 名	MI	MALE 男	FEMALE 女
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ADDRESS 地址	CITY 市	STATE 州	ZIP CODE 郵政編碼
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HOME PHONE NUMBER (with area code) 電話	DATE OF BIRTH (Month/Day/Year) 生日
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GRADE IN FALL 2010 AND SCHOOL 二零一零年秋季入學年級和學校

MOTHER'S / GUARDIAN'S NAME 母親/監護人姓名	Work Phone 辦公室電話	Cell Phone 手提電話	Email
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FATHER'S / GUARDIAN'S NAME 父親/監護人姓名	Work Phone 辦公室電話	Cell Phone 手提電話	Email
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BROTHERS OR SISTERS ENROLLING IN CAMERON HOUSE 2010 SUMMER PROGRAMS
 若有其他兄弟姐妹也參加二零一零年雙語暑期班

NAME 姓名 _____ GRADE IN FALL 2010 二零一零年秋季入學年級 _____

NAME 姓名 _____ GRADE IN FALL 2010 二零一零年秋季入學年級 _____

ENROLLMENT: (Please check the appropriate boxes). (Note: No program Monday, July 5th)
 登記: 請在恰當的方框中, 劃上 "X"。(七月五日國慶放假)

COST 費用	All 6 weeks 六周 \$470	Week 1 6/21 - 6/25 \$90	Week 2 6/28 - 7/2 \$90	Week 3 7/6 - 7/9 \$90	Week 4 7/12 - 7/16 \$90	Week 5 7/19 - 7/23 \$90	Week 6 7/26 - 7/30 \$90
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make checks payable to **DONALDINA CAMERON HOUSE** and indicate your child's name, grade, and program on the check. Mail or bring in completed Registration Form and payment to:

CAMERON HOUSE
 Bilingual Summer Youth Program 2010
 920 Sacramento St., SF, CA 94108

支票抬頭請寫上 "Donaldina Cameron House" 並寫上你的孩子的姓名, 年級及暑期班。請將填妥之報名表及所需款項寄往或交到: 金美倫堂, 沙加緬度街 920 號, 三藩市, CA 94108。

Household of (circle one): 你家有:						
2 Person 二個人	3 Person 三個人	4 Person 四個人	5 Person 五個人	6 Person 六個人	7 Person 七個人	8 Person 八個人
Please circle your household annual income level. 請圈上你家庭今年收入約數。						
\$24,450	\$27,500	\$30,550	\$33,000	\$35,450	\$37,850	\$40,300
\$40,700	\$45,800	\$50,900	\$54,950	\$59,050	\$63,100	\$67,300
\$61,150+	\$73,300+	\$81,450+	\$87,950+	\$94,450+	\$101,000+	\$107,500+

OFFICE USE ONLY 辦公室使用

CASH CC CHECK # AMOUNT _____ DATE _____ INITIALS _____

SCHOLARSHIP APPLICATION RECEIVED: DATE _____ AMT. GIVEN _____

APP COMP _____ MON SUB _____ CONF LET _____

(PLEASE COMPLETE AND SIGN THE REVERSE SIDE.)
 (請繼續填完表的另外一邊。)

BILINGUAL SUMMER YOUTH PROGRAM 2010

二零一零年雙語暑期班

LAST NAME 姓 FIRST NAME 名 MI MALE 男 FEMALE 女 GRADE IN FALL 2010 二零一零年秋季入學年級

MEDICAL INSURANCE NAME AND POLICY NUMBER 醫療保險機構及號碼:

PHYSICIAN NAME AND PHONE NUMBER 醫師姓名和電話號碼:

PLEASE LIST ANY FOOD OR MEDICINE ALLERGIES, ANY MEDICATION YOUR CHILD IS TAKING, OR ANY OTHER SPECIAL HEALTH CONDITIONS OR BEHAVIORAL ISSUES OUR STAFF SHOULD BE AWARE OF. 請寫下你的孩子有沒有食物和藥物的過敏反應;他現在有沒有服用藥物和行為問題;或任何我們需要知道的特別健康情況。

IN CASE OF EMERGENCY: 緊急狀況, 請通知:

NAME 姓名 RELATIONSHIP 關係 Home / Work / Cell Phone (include area code) 家, 辦公, 手提電話 (地區號碼)

NAME 姓名 RELATIONSHIP 關係 Home / Work / Cell Phone (include area code) 家, 辦公, 手提電話 (地區號碼)

In case of emergency, I hereby give permission to the Cameron House staff and/or leaders to use their best judgment in seeking professional medical care if deemed necessary for the participant named on this form. I also understand that Cameron House staff, leaders, or participants will not be held liable for accidental injuries and/or illness that occur during any Cameron House activity. 萬一意外情況發生, 我許可金美倫堂給我的孩子選擇醫生, 叫救護車, 送醫院, 給適當的治療, 例如注射, 麻醉和外科手術等。我也明白, 金美倫堂和長老會員工, 青年領袖和其他的參與活動的學生不對我的孩子之意外受傷和在金美倫堂活動時所發生疾病的負責。

SIGNATURE OF PARENT OR GUARDIAN 家長/監護人簽名

DATE 日期

MORNING DROP-OFF (8:00 A.M. – 9:00 A.M.): Cameron House, 920 Sacramento Street

上午上班(八點到九點): 金美倫堂, 920 沙加緬度街

AFTERNOON PICK-UP (4:30 P.M. – 5:30 P.M.): Cameron House, 920 Sacramento Street

下午下班(四點半到五點半): 金美倫堂, 920 沙加緬度街

Please be prompt in dropping off and picking up your child. After 5:30 p.m., a late pick-up fee will be charged: \$1.00 per minute. This fee will be used to pay the site supervisor for the additional time to supervise your child.

請準時“上班”及“下班”。如果五點半後接孩子, 要付出額外的費用:每分鐘一元。這費用會給管理者。

My child may go straight home on his/her own at the end of the program time. 自行回家

My child will be picked up from the pick-up site at the end of the day. Approx. pick-up time:_____ 如果有人來接孩子, 請填寫下面表格。接孩子的時間: _____

NAME 姓名

RELATIONSHIP 關係

NAME 姓名

RELATIONSHIP 關係

For your child's safety, please help us by reminding your child to "check-in" and "check-out" with our designated supervisors each day. If there is an occasion where your child must leave early or will be picked up by someone other than the names designated on this form, please send a note with your child. Include instructions and a phone number where you can be reached in the event the designated supervisor has any questions.

為了你的孩子的安全, 請提醒你的孩子每天簽寫“上班”及“下班”表格。

若有特殊情況, 你的孩子需要早退或有表格中沒有提及的人來接孩子, 請盡早書面申請並將聯絡電話號碼通知管理人員。

I have read and understand all of the above "check-in" and "check-out" information.

我明白“上班”及“下班”制度。

SIGNATURE OF PARENT OR GUARDIAN 家長/監護人簽名

DATE 日期

Media Release

媒體採訪

My child has my permission to be filmed or photographed at Cameron House or off site as a participant of Cameron Ventures, Bilingual Summer Youth Program, and / or Solid Ground Program for publicity / educational purposes. I understand that no compensation will be provided.

茲允許我的孩子在參加金美倫堂雙語暑期班等各種活動中被錄影拍照。我不會提出補償要求。

Yes 同意

No 不同意

SIGNATURE OF PARENT OR GUARDIAN 家長/監護人簽名

DATE 日期