

2009-2010 Bilingual After-School Program

2009至2010年雙語課餘補習班

Registration Information

The Bilingual After-School Program is a mentoring program that offers youth individual and group tutorial, as well as supervised recreation. The program provides children from 1st to 8th grades with a fun and study-centered environment. BAP includes: recreation, arts and crafts, weekly computer time, and special holiday events!

ENROLLMENT

Open to children entering **1st through 8th grades** in Fall 2009. Limited enrollment of 35 students.

WHEN

Monday to Friday from 2:45pm to 5:45pm, except on holidays, SFUSD Staff Development Days, and first and last weeks of school.

COST

Two Methods of Payment:

- A) Per school year (Aug 31,2009-May 28,2010)
\$360 if registered before Aug.14, 2009
\$370 if registered after Aug. 14, 2009
- B) 2 payments of \$185 each semester
Fall Semester: Aug. 31, 2009-Jan.15, 2010
Spring Semester: Jan.19,2010-May.28, 2010

- Each additional sibling will receive a \$25.
- A \$25 administrative fee for any changes or requests for refund.

Cameron House provides limited scholarships. Contact Sing Quan before July 31st. at (415) 781-0401 ext. 124 to schedule an appointment.

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

Cameron House
920 Sacramento St. SF, CA 94108

註冊資料

有二十多年歷史的雙語課餘補習班能給你的孩子一對一輔導，學生們會在導師們照顧下進行遊戲。本項目給一至八年級的學生，從星期一到星期五，下午二點二十五分至五點四十五分，提供一個有趣並以學習為主的課餘環境。雙語課餘補習班內提供：甚至是一對一的輔導，星期五有主題俱樂部，文娛活動，藝術勞作，電腦課，此外，還有其他十分有意義的活動。

資格

凡二零零九年秋季入讀一年級到八年級之青少年。

時間

從星期一到星期五，下午二點二十五分至五點四十五分。
2009年8月31日至2010年5月28日。

費用

兩種繳費方法:

- A) 整學年 (2009年8月31日至2010年5月28日)
350元，如果在2009年8月31日之前報名
375元，如果在2009年8月31日以後報名

- B) 一學期 180元
秋季學期是2009年8月31日至2010年1月15日
春季學期是2010年1月19日至2010年5月28日

- 每個附加的兄弟姐妹將可以得到25
- \$25管理會費會作為任何更改或者請求到退還
- 設有助學金幫助有需要人士.但名額有限.請詢問關家勝 (Sing Quan) 先生,電話(415) 781-0401 ext. 124 預約

談.

金美倫堂

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間
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2009-2010 BAP Schedule

2009-2010 年的日程

Basic Monday to Friday Schedule

每日的日程

2:45-3:00pm	Healthy Snack Time 健康點心時間
3:00-3:20pm	Reading Time 閱讀時間
3:20-3:50pm	Recess: Free play in the yard 休息：在場地自由遊玩。
3:50-4:50pm	Homework time: Students complete work that was assigned by their teachers or by BAP staff. 作業時間：做教師或 BAP 員工佈置的作業。
4:50-5:00pm	Clean Up Time: 清理時間
5-5:45pm	Recreational Activities: Students will have the opportunity to paint, garden, cook, play in the yard, or do many other fun and exciting activities! 有計劃的活動：學生和同學一起參加繪畫, 園藝, 玩遊戲, 在場地自由遊玩, 還有其他很有意義的活動。

Important Dates

重要的日期

- Early Registration for Past BAP and Present BYP
July 20, 2009
舊BAP及現BYP學生優先報名日期
2009年7月20
- Open Registration for all students July 27, 2009
公開報名日期 2009年7月27
- Scholarships requests are due by July 31, 2009. Please check requirements on registration form.
申請助學金截止日期為2009年7月31, 2009
或先到先得發完為止. 申請資格參閱表格.
- Full Payment is due by August 31, 2009 for Fall.
秋季全額交費截止日期為2009年8月31.

Monday August 31, 2009 ~ First day of BAP
2009年8月31日 星期一 ~ BAP 第一日

Friday May 28, 2010 ~ Last day of BAP
2010年5月28日 星期五 ~ BAP 最後一日

Holidays - No BAP

假日 - 沒有 BAP

Mon. Sep. 7, 2009 - Labor Day

Mon. Oct. 12, 2009 - Columbus Day

Wed. Nov. 11, 2009 - Veteran's Day

Wed. Nov. 25-Fri. Nov. 27, 2009 - Thanksgiving Break

Mon. Dec. 21, 2009 - Fri. Jan. 1, 2010 - Winter Break

Mon. Jan. 18, 2010 - Martin Luther King, Jr. Day

Fri. Jan. 29, 2010 - Professional Development Day

Mon. Feb. 15, 2010 - President's Day

Mon. Mar. 29 - Fri. Apr. 2, 2010 - Spring Break

若有疑問，請打電話到金美倫堂 (415) 781-0401內線124

或電郵到 youthministries@cameronhouse.org

BILINGUAL AFTER-SCHOOL PROGRAM 2009-2010 Registration Form

LAST NAME 姓	FIRST NAME 名	MI	MALE 男	FEMALE 女
ADDRESS 地址	CITY 市	STATE 州	ZIP CODE 郵政編碼	
HOME PHONE NUMBER (with area code) 電話		DATE OF BIRTH (Month/Day/Year) 生日		
GRADE IN FALL 2009 AND SCHOOL 二零零八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	
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	
BROTHERS OR SISTERS ENROLLING IN BILINGUAL AFTER-SCHOOL PROGRAM				
若有其他兄弟姐妹也參加二零零八至二零零九年雙語課餘補習班				
NAME 姓名	GRADE IN FALL 2009 二零零九年秋季入學年級			
NAME 姓名	GRADE IN FALL 2009 二零零九年秋季入學年級			
ENROLLMENT: (Please check the appropriate boxes). 登記:請在恰當的方框中,劃上“X”。				
COST 費用				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$360 (registered before 8/14/09) 2009-2010 School Year 2009-2010 學年 8/31/2009 - 5/28/2010	\$370 (registered after 8/14/09) 2009-2010 School Year 2009-2010 學年 9/2/2009-5/28/2010	Off 25% or either \$360 or \$370 Sibling School Year 兄弟姐妹登記入讀全 學年 2009-2010 學年	\$185 Fall Semester 秋季學年 8/31/2009 - 1/15/2010	\$185 Spring Semester 春季學期 1/19/2009 - 5/28/2010	\$155 Sibling Fall Semester 兄弟姐妹登記入讀全秋季學年
					<input type="checkbox"/> \$155 Sibling Spring Semester 兄弟姐妹登記入讀全春季學期

<input type="checkbox"/> 如若你需申請助學金請在此方框中畫上“X”	<input type="checkbox"/> Check (X) here if applying for a scholarship.
申請助學金規定如下: 1) 不擁有任何房地產. 2) 出示去年報稅表. 3) 根據收入衡量免費額度.	If you are applying for a scholarship, here are the requirements: 1) Must not own property or land of any kind. 2) Must provide a tax form from last year. 3) The amount of scholarship depends on your income

OFFICE USE ONLY 辦公室使用

CASH
 CHECK #
 Scholarship AMOUNT _____
 DATE _____
 INITIALS ____

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

(PLEASE COMPLETE AND SIGN THE REVERSE SIDE.)

(請繼續填完表的另外的一邊。)

BILINGUAL AFTER-SCHOOL PROGRAM 2009-2010

LAST NAME 姓 FIRST NAME 名 MI MALE 男 FEMALE 女 GRADE IN FALL 2009 二零零八年秋季入學年級

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 MEDICINES YOUR CHILD IS ALLERGIC TO, ANY MEDICATION YOUR CHILD IS TAKING, OR ANY OTHER SPECIAL HEALTH CONDITIONS OUR STAFF SHOULD BE AWARE OF. 請寫下你的孩子是否有食物和藥物的過敏反應;他現在有沒有服用藥物;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

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 House, Bilingual After-School program for Cameron House 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

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

Dear Parents,
親愛的家長,

To promote a safe and nurturing environment for our BAP students, volunteers and staff, we have a new policy regarding the conduct and behavior of your child at the Bilingual Afterschool Program. The following behaviors are unacceptable:

金美倫堂雙語課餘補習班 (Bilingual Afterschool Program.) 關於“操守行為”有如下規定, 如若學生被發現有下列行為:

- 打架 - Regular incidents of fighting
- 經常漫罵別人—Swearing at others on a regular basis
- 無故長期缺席— Absent for 3 days without reason or communication with the Associate Director.
- 任何其他對同學及師長構成危害的行為—Any other conduct or behavior deemed harmful by staff .

We are trying to foster a community of respect and cooperation. Therefore,
我們正在努力促進社會的尊重與合作。因此

初犯者會受警告—After the **first** offense, the child will receive a warning

再犯者將會被停課一天—After the **second** offense, the parent will be notified and the child will be **suspended a day**

第三次再犯將會被停課三天—After the **third** offense, the parent will be notified and the child will be **suspended 3 days**

第四次再犯將會令其在本學年其他時間完全停課—After the **fourth** offense, the child will be **asked to leave the program for the rest of the school year.**

This policy is in place to promote the well-being of volunteers, staffs, and all our students at BAP. Our commitment to you and your child also includes providing individual and family support and counseling with our Social Services Ministry. If you have questions with this new policy, please speak with me or Jeanette Wei, Education Consultant.

Thank you,

Sing Quan
Associate Director
Cameron House
(415)781-0401 Ext 124

I, 家長/監護人簽名 _____, the parent/guardian of 孩子姓名 _____, understand the above policy and by my signature accept the terms. I will do my best to support my child and all those in BAP.
了解上述政策和我的簽字接受這些條款。我會盡我所能來支持我的孩子和所有的人 in BAP.