



Motivating Youth to Succeed

啟導青年 邁步向前

社區青年中心

CYC Middle School Summer Program ~ 2008

**Office used only**

Registered by: \_\_\_\_\_

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

**GENERAL INFORMATION 個人資料**

		Male / Female	
Student's Name 姓名	Gender 性別	Date of Birth 生日日期	
School Attended 就讀學校			Grade 班級
San Francisco, California			
Home Address 地址	City,	State	Zip Code 郵區號碼
(415)			
Home Phone # 電話號碼	Cell Phone # 手機號碼	Email Address 電郵地址	

**EMERGENCY INFORMATION (Please provide 2 emergency contacts) 緊急聯絡資料**

Contact Person #1 聯絡人	Relation to child 關係	Phone # 電話
Contact Person #2 聯絡人	Relation to child 關係	Phone # 電話

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate CYC's summer program. I allow my child to attend summer program as well as participate in other educational activities.

本人\_\_\_\_\_准許我的孩子\_\_\_\_\_參與社區青年中心的暑假活動。我准許我的孩子參加暑假活動和其余戶外教育活動。

\_\_\_\_\_  
Parent Signature 家長簽名

\_\_\_\_\_  
Student Signature 學生簽名