

## Registration Check-Off List 註冊一覽表

- |       |  |                          |
|-------|--|--------------------------|
| I.    | Parent Information Form 家長資料表              | <input type="checkbox"/> |
| II.   | Policy and Procedures Form 政策及程序表格         | <input type="checkbox"/> |
| III.  | Student Information 學生資料表                  | <input type="checkbox"/> |
| IV.   | Emergency Contacts & Medical Consent 緊急聯絡人 | <input type="checkbox"/> |
| V.    | Medical Consent Form 緊急醫療同意書               | <input type="checkbox"/> |
| VI.   | Parent Handbook Contract 家長手冊合同            | <input type="checkbox"/> |
| VII.  | Photo Release 肖像同意書                        | <input type="checkbox"/> |
| VIII. | Late Pickup Fee Notice 遲接學生費用規則            | <input type="checkbox"/> |
| IX.   | Uncollected Children Policy 未接學生規則         | <input type="checkbox"/> |
| X.    | Parent I.D Card 身份證/駕照                     | <input type="checkbox"/> |
| XI.   | Address Verification 居住證明 (ID/電話/水電費帳單...) | <input type="checkbox"/> |
| XII.  | Income Verification 收入證明 (最新報稅表/3個月薪資表)    | <input type="checkbox"/> |

(If not provided, will be charged regular tuition)

(如未提供，將收取一般家庭學費)

2025 Summer Enrollment 2025 年暑期註冊

**Coolidge (Incoming K to Incoming 5<sup>th</sup> grade 即將升 K 至五年級)**

Name of Student(s)學生姓名	Session 1 第一期 6/9/2025-7/3/2025	Session 2 第二期 7/7/2025-8/1/2025
1	<input type="checkbox"/> Enroll 註冊	<input type="checkbox"/> Enroll 註冊
2	<input type="checkbox"/> Enroll 註冊	<input type="checkbox"/> Enroll 註冊
3	<input type="checkbox"/> Enroll 註冊	<input type="checkbox"/> Enroll 註冊

**Jefferson Middle School (Incoming 6<sup>th</sup> to 8<sup>th</sup> grade 即將升六至八年級)**

Name of Student(s)學生姓名	Half Day 半天 or Full Day 全天	Session 1 第一期 6/9/2025-7/3/2025
1	<input type="checkbox"/> Half Day 半天 <input type="checkbox"/> Full Day 全天	<input type="checkbox"/> Enroll 註冊
2	<input type="checkbox"/> Half Day 半天 <input type="checkbox"/> Full Day 全天	<input type="checkbox"/> Enroll 註冊
3	<input type="checkbox"/> Half Day 半天 <input type="checkbox"/> Full Day 全天	<input type="checkbox"/> Enroll 註冊

**PARENT/GAURDIAN REGISTRATION FORM 家長/監護人資料表**

Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Address 地址 \_\_\_\_\_ City 城市 \_\_\_\_\_ Zip Code 郵編 \_\_\_\_\_

Phone Number 電話: \_\_\_\_\_ Email Address 電郵地址 \_\_\_\_\_

Male 男 \_\_\_\_\_ Female 女 \_\_\_\_\_ Other 其他 \_\_\_\_\_ Decline to state 拒絕透露 \_\_\_\_\_

Birth Date 生日 \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place 出生地 \_\_\_\_\_ Primary Language 母語 \_\_\_\_\_

Educational Level 教育水準: \_\_\_\_ 0-8 Grades 年級 \_\_\_\_ High School or GED 高中畢業 \_\_\_\_ College or Above 大專以上學歷

Work Status 工作狀態: \_\_\_\_ Full Time 全職 \_\_\_\_ Part Time 半職 \_\_\_\_ Seasonal 季節性工作人員 \_\_\_\_ Unemployed 無職業 \_\_\_\_ Retired 退休

Disability Status 身體健康狀況: \_\_\_\_ Disabled 有殘疾 \_\_\_\_ Not Disabled 無殘

<p align="center"><b><u>Racial Background 種族背景</u></b></p> <p><b><u>Race 種族:</u></b> ____ American Indian/Alaska Native 印第安或阿拉斯加土著 ____ Asian 亞裔 ____ Black/African American 非洲裔美國人 ____ Native Hawaiian/Other Pacific Islander 夏威夷或其他太平洋島民 ____ White 白人 ____ Multiracial 多種族 ____ Decline to state 拒絕透露</p> <p align="center"><b><u>Ethnic Background 族裔背景:</u></b> ____ NOT Hispanic/Spanish/Latino 非西班牙/拉丁語裔 ____ Mexican/Mexican American/Chicano 墨西哥裔/美國裔的墨西哥人/拉丁美洲裔 ____ Puerto Rican 波多黎各 ____ Cuban 古巴 ____ Other Hispanic/Spanish/Latino 其他西班牙裔/拉丁語裔</p>	<p align="center"><b><u>Housing 住房供給:</u></b> ____ Own 買房 ____ Rent 租房</p>
	<p align="center"><b><u>Health Insurance 健康保險:</u></b> ____ No 沒有 ____ Yes 有</p> <p align="center"><b><u>Insurance Name 保險名稱:</u></b> _____</p>
	<p align="center"><b><u>Policy and Procedures Provided (see next page)</u></b></p> <p align="center"><b><u>附上服務政策及程式 (見下一頁):</u></b> ____ Yes 有 ____ No 沒有</p>

Family Members	Relationship	Date of Birth	Monthly Amount of Income
<b>Total Household Income:</b>			

\_\_\_\_\_  
Client Signature/簽字

\_\_\_\_\_  
Date 日期

\_\_\_\_\_  
Staff Signature/員工簽字

\_\_\_\_\_  
Date 日期

**Asian Youth Center 亞裔青少年中心**  
**Policy and Procedure in Services 服務政策及程序**

Asian Youth Center Provides individual and family services via the funding of the County of Los Angeles to participants who qualify for the following two criteria: (1) Residents of the Fifth Supervisorial District (please refer to the map of the Fifth Supervisorial District) and (2) Household income qualifies for the Federal poverty guidelines set by the County of Los Angeles. The qualifications will be informed and explained at the intake and the participants agree to provide the above resident and income proof at the intake or the following session. The participants also agree to comply with the agency's policies on child abuse report and the contract for counseling services, which will be informed and signed at the intake.

在洛杉磯縣社區服務補助的贊助下，亞裔青少年中心為滿足以下條件的個人及家庭提供服務：

-居住在第五監管區內（請查看地圖，第五監管區）

-家庭收入滿足社區服務補助的貧困標準

具體標準將在招收時告知，同意在招收時及每年呈交居住及收入證明。亦同意報告任何子女虐待、輔導合同方面的政策。這些方面的政策，將在招收時被告知並簽署同意書。

**Nondiscrimination Policy in Services:**

The Asian Youth Center does not discriminate in the provision of this services based on an individual's race, color, religion, sex, sexual preference, National origin, age, handicap or any other classification.

**無歧視政策:**

亞裔青少年中心在提供服務時不會出現任何歧視，無論種族、膚色、信仰、性別、性取向、國籍、年齡、殘疾或其他類別。

**Grievance Procedure:**

**I. Step One-Supervisor Level**

A client with grievance or complaint which cannot be resolved with the Asian Youth Center employee with whom he/she has a complaint should file a grievance or complaint with the related Program Coordinator or the Director of Education in person, by telephone or in a written report within 30 days of the alleged incident.

**申訴程式:**

**I. 步驟一 負責人層面**

任何對亞裔青少年中心員工的申訴或投訴，如未能得到亞裔青少年中心解決，投訴人可以在 30 天內，向專案協調人或負責人當面、打電話或書面遞交申訴或投訴。

一個。申訴應包括以下內容：

1. 申訴人和所尋求服務的姓名、地址和電話號碼。
2. 申訴描述和支援文件、相關人員姓名和其他相關信息。

**A. 申訴需要包括以下資訊:**

1. 申訴人姓名、地址、電話號碼及尋求的服務。
2. 對申訴的描述及證明材料，涉及人姓名及其他相關信息。

**B. 收到申訴後，項目協調員或教育主任應：**

1. 在 10 天內與申訴人會面並做出回應，以支援申訴或否認申訴
2. 如有必要，將第二步通知申訴人。

**B. 收到申訴後，項目協調人或應該：**

1. 在 10 天內與申訴人見面並回應支持申訴，或 拒絕申訴
2. 如果需要，告知申訴人步驟二

**II. Step Two-Decision by Executive Director:**

Any person whose grievance has been denied by the Program Coordinator or Director of Education may appeal the decision to the Executive Director in writing within 10days. The Executive Director shall render a decision on the matter within 10days of receipt of the appeal and inform the grievant regarding step three if necessary.

**II. 步驟二 - 執行長決定：**

如果申訴人的申訴被項目協調人或負責人拒絕，申訴人可以在 10 天內向執行長上訴。執行長應該：在收到上訴 10 天內作出決定。 如果需要，告知申訴人步驟三

**III. Step Three – Appeal to the Board of Directors:**

Any person whose grievance has been denied by the Executive Director under step two may appeal the decision to the Board of Directors. Within 10days of the decision, the grievant shall submit a written request for an appeal to the President of the Board of Directors.

A. The appeal hearing shall be held at the next regular Board meeting unless the President calls a special meeting for this purpose at an earlier date which is amenable to all parties.

B. The grievant and the Executive Director shall provide pertinent documents to the Board of Director at least 5 days in advance of the hearing.

C. The Board President shall provide a written decision of the step three hearing to the grievant and the Executive Director within 10 days of the hearing.

D. The grievant will be informed regarding step four if necessary.

**III. 步驟三 – 向董事長上訴：**

如果申訴被執行長拒絕，申訴人可以在 10 天內，書面申請上訴董事會。

A. 董事會主席可以在下次董事局常規會議上舉辦聽證會，或在董事會之前召開一個特別會議。

B. 申訴人及執行長，至少要在聽證會的前 5 天向董事會遞交相關文件。

C. 在聽證會結束的 10 天內，董事會主席需要提供一份書面決定。

D. 如果需要，告知申訴人步驟四。

**IV. Step Four – Appeal to the Funding Source:**

Any person whose grievance has been denied by the Board of Directors under step three will be given the name, address, phone number and contact person of the Funding Source of the program involved. If requested, all pertinent information regarding the grievance shall be forwarded to the Funding Source.

A copy of the Asian Youth Center Client grievance procedure shall be posted at the Center and a copy of the grievance procedure will be given to any client who wishes to file a grievance or complaint and further grievance could be taken into Los Angeles Community and Senior Services and be addressed to May Kingi, Chief of Community Services Division at 3175 W. Sixth Street Los Angeles, CA 90021.

**IV. 步驟四 – 向投資方上訴：**

如果申請被拒絕，董事會將告知申訴人投資方名字、地址、電話號碼及聯絡人。 如果需要，所有與申訴相關的資料將發送至投資方。

亞裔青少年中心應在該中心張貼其申訴程式，並且將申訴程式分發給有意向申訴或投訴的個人。 進一步申訴可以在洛杉磯社區及老年服務中心進行，由社區服務部門主管 May Kingi 負責，位址是 3175 W. Sixth Street Los Angeles, CA 90021.

\_\_\_\_\_  
Signature/ 簽名

\_\_\_\_\_  
Date/日期

**Student Information 學生資料:**

1) Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Male 男 \_\_\_ Female 女 \_\_\_ Birthday 生日 \_\_\_ / \_\_\_ / \_\_\_ School 就讀學校 \_\_\_\_\_

Primary language 母語 \_\_\_\_\_ Current Grade 在校級別 \_\_\_\_\_

2) Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Male 男 \_\_\_ Female 女 \_\_\_ Birthday 生日 \_\_\_ / \_\_\_ / \_\_\_ School 就讀學校 \_\_\_\_\_

Primary Language 母語 \_\_\_\_\_ Current Grade 在校級別 \_\_\_\_\_

3) Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Male 男 \_\_\_ Female 女 \_\_\_ Birthday 生日 \_\_\_ / \_\_\_ / \_\_\_ School 就讀學校 \_\_\_\_\_

Primary Language 母語 \_\_\_\_\_ Current Grade 在校級別 \_\_\_\_\_

4) Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Male 男 \_\_\_ Female 女 \_\_\_ Birthday 生日 \_\_\_ / \_\_\_ / \_\_\_ School 就讀學校 \_\_\_\_\_

Primary Language 母語 \_\_\_\_\_ Current Grade 在校級別 \_\_\_\_\_

5) Last Name 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_

Male 男 \_\_\_ Female 女 \_\_\_ Birthday 生日 \_\_\_ / \_\_\_ / \_\_\_ School 就讀學校 \_\_\_\_\_

Primary Language 母語 \_\_\_\_\_ Current Grade 在校級別 \_\_\_\_\_

**Parent/Guardian Information 家長資訊 父母/監護人資料：**

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is Asian Youth Center (AYC) policy to retain student's information for their safety. This form will be used by AYC staff when students are released to go home. Please complete it electronically or print it clearly and return the completed form to AYC.

家長資訊：請完整填寫此表格並簽字。在緊急情況發生時，安全起見，AYC 需要保留學生資訊。學生被接回家時，AYC 將使用此表格。請以電子方式或正楷填寫，然後呈交至 AYC。

**1, Parent or Guardian's Name 父母親/監護人姓名：** \_\_\_\_\_

Cell 手機： \_\_\_\_\_

Email Address 電子郵箱： \_\_\_\_\_

**2. Parent or Guardian's Name 父母親/監護人姓名：** \_\_\_\_\_

Cell 手機： \_\_\_\_\_

Email Address 電子郵箱： \_\_\_\_\_

**Contact Person in Case of Emergency 緊急聯絡人：**

1. Name 姓名： \_\_\_\_\_ Phone 電話： \_\_\_\_\_

2. Name 姓名： \_\_\_\_\_ Phone 電話： \_\_\_\_\_

3. Name 姓名： \_\_\_\_\_ Phone 電話： \_\_\_\_\_

**Medical Consent 緊急醫療同意書：**

Should it be necessary for my child(ren) to receive medical treatment while participating in the program, I hereby give the agency and physician permission to use their judgment in providing the appropriate medical treatment for my child(ren). I hereby waive all financial claims against the Asian Youth Center or its employees should there be a financial charge as a result of my child(ren)'s medical treatment.

在參與課程中如本人子女需要緊急醫療處理，本人同意/授權亞裔青少年中心職員及醫生運用其判斷來提供適當的醫療處理。因我的子女接受醫療治療而產生任何費用本人亦同意放棄對亞洲青年中心或其員工的所有財務索賠。

\_\_\_\_\_  
Signature of Parent/Guardian 父母/監護人的簽名

\_\_\_\_\_  
Date/日期

**HEALTH ALERTS** – List any medical condition that restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate “none.”

健康提醒 – 列出任何需要限制體育活動或者需要有特別照料的健康情況，包括哮喘或花生及蜜蜂叮咬所產生的過敏狀況。如果沒有就請寫「沒有/none」。

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**Parent Handbook Contract Agreement:** Please sign and date the Parent Handbook Contract Agreement. Thank you for taking the time to read this handbook. I have received a parent handbook. I have read and understand I will be responsible for following its rules. I also understand that the parent handbook clearly states the rights that I have as a parent and the rights that my child has as a student.

家長手冊同意書 請在家長手冊同意書上簽名。感謝您抽出寶貴的時間閱讀此手冊。我已收到家長的手冊。我閱讀了並且知道我有責任及遵守以下的規定。身為學生的家長，我也同樣明瞭家長手冊中所明列的權利

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Signature of Parent/Guardian 父母/監護人的簽名

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Date/日期

**Photo Release:** I hereby grant the Asian Youth Center permission to use my child’s name, biographical or occupational description, and personal information supplied by me to the Asian Youth Center-portrait, the likeness of voice or any or all of them- in recording motion picture film, television production or reproduction, soundtrack recording film strip, still photograph, or otherwise. I hereby grant to the Asian Youth Center, its clients, successors, assigns, and anyone acting under the authority or permission of any of them, the right to make originals where appropriate and to use them in advertising and publicity, in any and all publications and other media without limitations or reservation for any lawful purpose; and reproduce in any form or manner and to copyright any of the items referred to in the preceding paragraph.

肖像/照片同意書:本人應允 AYC 可全權運用本人子女之姓名,傳記何職業描述及由本人提供給 AYC 之個人資料包括肖像,聲音記錄等,此外亦包括一切錄像,電影膠卷,電視制作或復制,聲跡錄音帶,照片等. 本人亦應允 AYC,及中心所授權或允許之人員或機構對前段所述之所有項目持有版權以及可合法地無限量用來復制,做廣告,再刊物或傳媒宣傳.

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Signature of Parent/Guardian 父母/監護人的簽名

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Date/日期

**Late Pick-up Fee:** Parents will be charged a \$1/ minute fee for every minute past 6:00pm (summer 5:00pm) they are late picking up their child. Late pick-up fees must be paid no later than two days after the late pick-up. If left unpaid, the child will not be allowed to continue with programming.

遲接學生費：6 點之後（暑假 5: 00），如果家長未來接學生，每遲到 1 分鐘，要交\$1 遲到費。遲到的兩天內，家長需要交齊遲到費，如果兩天後還沒有交，學生將不允許參加課程。

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Signature of Parent/Guardian 父母/監護人的簽名

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Date/日期

**Uncollected Children:** If a parent or caregiver does not arrive within 15 minutes after the end of a given session and no collection advice has been telephoned and communicated to AYC, the manager or person in charge will telephone all emergency contacts for that child until a suitable person is found and arrangements are made for collection. The parents/caregivers will be offered, within reason (City of San Gabriel) and at an additional cost of \$15, the opportunity for the child to be transported to a preferred address if a parent/caregiver is unable to get to the setting within a reasonable amount of time (no more than 1 hour). If it is impossible to contact anyone regarding the safe collection of the child, the emergency services and Children's Protective Services will be contacted. The manager or person in charge will remain with the child until such time as they are settled into the care of the local authority.

未接學生：如果家長或看護人未在課程結束後 15 分鐘內到達，且未電話通知 AYC 和提供接學生建議，經理或負責人將致電該學生的所有緊急聯繫人，直到找到合適的人並安排接學生。如果父母/看護人無法在合理的時間（不超過 1 小時）內到達該學校，AYC 提供在合理範圍內運送服務（聖蓋博市）並向父母/監護人額外收取 20 美元的費用，將學生送到指定地址。如果無法聯繫任何人接學生的安全考量下，將聯繫緊急服務和兒童保護服務。經理或負責人將留在孩子身邊，直到他們被安置到地方當局的照顧之下。

**Local police number (626) 308-2828 or 911 in an emergency. 當地警察電話號碼 (626) 308-2828 或 緊急電話號碼 911. LA County Child Protective Services 1-800-540-4000 洛杉磯兒童保護服務電話號碼 1-800-540-4000.**

I have read and understand I will be responsible for following the above policies regarding child pick up and collection. 我已閱讀並理解我將負責有關接學生上述的政策

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Signature of Parent/Guardian 父母/監護人的簽名

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Date/日期