



2026-2027 恩望堂中文學校報名表
2026-2027 Hope Lutheran Chinese School Registration Form

55 San Fernando Way, Daly City, CA 94015 Tel: (650) 991-4673 Ext. 0

Student Name 姓名: _____ (Chinese Name 中文姓名): _____

Sex 性別: _____ Age 年齡: _____ Date of Birth 出生日期: _____ Telephone 電話: _____

Tuition 學費: September 2026 to May 2027 九月至五月 (\$830.00)

Class applied (please check) 申請班級: Cantonese class 粵語班 _____ Mandarin class 粵語班 _____

_____ Cantonese Preschool 幼兒唱遊初班 (4 years old only); extra \$20 material fee 手工費

_____ Cantonese TK 幼兒唱遊高班 (5 years old only); extra \$20 material fee 手工費

Kindergarten I Kindergarten II G1 G2 G3 G4 G5 G6

***Students need to be 6 years old to apply for the Cantonese/Mandarin kindergarten classes.**

Email Address 電郵地址: _____

Address 住址: _____ CA _____

Name of parents 父母姓名: (Father 父親) _____ (Mother 母親) _____

Occupation of parents 父母職業: (Father 父親) _____ (Mother 母親) _____

Phone number 電話: (Father 父親) _____ (Mother 母親) _____

Does the child have any health concerns that we need to be informed? 你的孩子有沒有特別的健康問題? _____

Do you belong to any religion: Christianity / Catholicism / other:

你們有沒有屬於任何宗教: 基督教 / 天主教 / 其他: _____

Do you attend any church 你們有沒有參加任何教會: yes / sometimes / in the past/no 有/間中/只在過去參加/沒有

Name of church 教會名稱: _____

在緊急情況之下, 教會可撥這個電話找到我或其親友:

In case of emergence, I can be reached at other phone number: _____

若找不到我, 在緊急情況之下, 請帶我孩子去接受緊急醫藥治療, 醫藥由我支付。 可以 / 不可以

In case of emergency, I give permission for my child to be given medical treatment at my expense. Yes / no

我孩子的醫生姓名, 地址及電話:

The name & phone number of my child's doctor: Name _____ Phone: _____

Signature of parent/guardian 家長/監護人簽名

Date 日期



恩望堂中文學校學生緊急聯絡資料
Hope Lutheran Chinese School
Student Emergency Information

Student Name (學生姓名): _____ Grade (中文學校年級): _____

Home Address (地址): _____

Phone Number (電話): (1) _____ (2) _____

Email Address (電郵): _____

Emergency Contacts (緊急聯絡)

Name (姓名): _____ Relationship with Student (關係): _____

Address (地址): _____ Phone Number (電話): _____

Name (姓名): _____ Relationship with Student (關係): _____

Address (地址): _____ Phone Number (電話): _____

Physician Information (學生的醫生資料)

Name of Physician (醫生姓名): _____ Phone Number (電話): _____

Address (地址): _____

Allergies (敏感): _____

Medications (醫藥): _____

In case of emergency, I give permission for my child to be given medical treatment at my expense. Yes / No
在緊急情況之下，若找不到本人，可以將本人的子女帶去接受緊急醫藥治療，醫藥費用由本人支付。同意 / 同意

Signature of parent/guardian 家長/監護人簽名

Date 日期