Pui Tak Christian School
After School Enrichment Program
Fall 2025 Registration Form

Student Name (學生姓名): _____ Grade (年級): _____

PTCS Student: Yes _____ No _____ If No, School Student Attends: _____

是否為培德基督教學校的學生？: 是 ____ 否 ____ 若否，學生就讀學校: _____

_____

Address (地址): _____

Father's Name (父親姓名): _____

Mother's Name (母親姓名): _____

Email Address (電郵): _____

Phone Number (電話):
_____

Other Authorized Pick-up People (其他接送人姓名): _____

_____

Emergency Contacts: Please list name, phone number, and relationship to student:
緊急聯絡人: 請填寫姓名、電話號碼及與學生的關係:

1._____

2._____

Does your child have an IEP, any allergies, or any medical conditions we should be aware of? If yes, PTCS will provide an additional medical form to non-PTCS Students for more information.
您的孩子是否有 IEP、任何過敏情況或我們需要注意的健康狀況？
若有，培德基督教學校將對非 PTCS 學生提供額外的醫療表格以獲取更多資訊。

IEP: Yes ____ No ____ Allergies: Yes ____ No ____ Other Medical Conditions: Yes ____ No ____

IEP: 是 ____ 否 ____ 過敏: 是 ____ 否 ____ 其他健康狀況: 是 ____否 ____

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Student Name (學生姓名): _____ Grade (年級): _____

Enrichment Class 興趣班

Subject 1: _____

Subject 2: _____

Subject 3 (waiting list): _____

Office Use Only

Total Classes: _____ Total Cost: _____

Received Date:_____ Amount Paid: _____

Check Number: _____ Received By: _____