

2024 JSP Jumpstart Registration Form

Student Name: (First) _____ (Last) _____

Birthday: ___(M)___(D)___(Y) Age: _____ Sex: Female Male First-time in JSP: Yes No

Current School: _____ Grade in 2024/2025: _____

Home Address: _____ City _____ Zip Code _____

Parent/Guardian Name: _____ Day Time Phone: _____ Email: _____

Parent/Guardian Name: _____ Day Time Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Your Child's medical details that our staff should be aware of (including medication and allergies):

Name of Child's Doctor: _____ Doctor's Phone Number: _____

Please select your program preference:

	6/17 - 8/2 (7 Weeks) \$1,050
Pre-School	
Pre-school (3 yrs old)	<input type="checkbox"/>
Junior Kindergarten (4 yrs old)	<input type="checkbox"/>
Elementary	
Lower Elementary (K to Gr.1)	<input type="checkbox"/>
Middle Elementary (Gr.2 – Gr.5)	<input type="checkbox"/>
Middle School (Gr. 6-8)	<input type="checkbox"/>

Program Cost: \$ _____

Before School Care (8:00 am – 9:00 am) \$10.00 x _____ days \$ _____

After School Care (3:00 pm – 5:30 pm) \$20.00 x _____ days \$ _____

Total: \$ _____

Note:
The contact information provided will be used for program purposes and may also be used to contact you about upcoming programs offered by Pui Tak Center, Pui Tak Christian School and Chinese Christian Union Church. The other information collected will be kept confidential. You have the right to obtain access to and to request correction to any personal information concerning you and your child held by PTC/PTCS. Requests for such access should be made in writing to the Pui Tak Jump Start Program Director.

PERMISSION & EMERGENCY RELEASE

As parent/legal guardian of _____ (“Participant”), I give permission for my child to attend the Pui Tak JSP and to participate in Pui Tak JSP ’s off-site field trips (“Activity”).

I acknowledge that participation in the activity described above involves risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the parent/guardian acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by **Pui Tak Center** and **Pui Tak Christian School** or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the parent/guardian releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I understand that all reasonable safety precautions will be taken at all times by **Pui Tak Center** and its agents during events and activities. I authorize any medical treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **Pui Tak Center** and **Pui Tak Christian School**, its board, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

In enrolling my child in the Pui Tak JSP, I agree that my child will abide by the program’s rules and regulations. I give permission for Pui Tak Center/Pui Tak Christian School to take photos of my child for Pui Tak Center, Pui Tak Christian School and program-related publicity.

Parent/Guardian Name (Please Print)

Parent/Guardian’s Signature

Date

JSP Jumpstart General Information

Program Date: 6/17 – 8/2 (7 weeks)

Program Time: 9:00 am – 3:00 pm

Enrollment and Payment Information and Procedures:

- Enrollment is allocated strictly on a first-come-first served basis.
- Return registration form and payment in person or by mail to: Pui Tak Center, 2216 S Wentworth Ave, Chicago, IL 60616 or Pui Tak Christian School, 2301 S. Wentworth Ave, Chicago, IL. 60616.
- Make check payable to **Pui Tak Center** or **Pui Tak Christian School** and write the participant’s name and grade on the check.
- All program fees are non-refundable.
- JSP Jumpstart reserves the right to cancel or re-arrange any program due to low enrollment. If the program is cancelled, the program fee will be refunded by check and can be picked up or sent by mail.

Assembly and Dismissal:

- Students should be dropped off and picked up at 2301 S. Wentworth Avenue.
- Parents and guardians should wait outside the school until dismissal time. Please ensure that you pick up your child promptly at 3:00 p.m.
- After School Care students should be picked up by 5:30 pm. You will be charged \$5.00 for every 15 minutes after 5:30 pm.

General:

- Non-gym marking shoes should be worn to all activities.
- Lunch will be provided every day (except field trip days)

Contact Information:

Pui Tak Center: 2216 S. Wentworth Ave, Chicago, IL 60616 Tel: (312) 328-1188 jsp@puitak.org
Pui Tak Christian School: 2301 S. Wentworth Ave, Chicago, IL 60616 Tel: (312) 842-8546 jsp@puitak.org

2024 培德暑期「啟航班」報名表

學生英文姓名: (名) _____ (姓) _____

出生日期: ___(月)___(日)___(年) 年齡: _____ 性別: 女 男 曾否參加過 JSP 啟航班: 是 否

目前就讀學校名稱: _____ 將升讀年級 2024/2025: _____

住址: _____ 城市 _____ 郵區號碼 _____

家長/監護人: _____ 電話(日): _____ 電郵: _____

家長/監護人: _____ 電話(日): _____ 電郵: _____

緊急聯絡人: _____ 電話: _____ 與學生的關係: _____

您需要本校教職員知道貴子弟的醫療情況(包括藥物)如下:

學生醫生姓名: _____ 醫生電話: _____

請就下列時間表, 選出您的意願:

		6/17- 8/2 (7 星期) \$1,050
學前班		
學前班 (三歲)		<input type="checkbox"/>
幼兒班 (四歲)		<input type="checkbox"/>
小學		
低班 (幼稚園至一年級)		<input type="checkbox"/>
中班 (二年級至五年級)		<input type="checkbox"/>
初中(六年級至八年級)		<input type="checkbox"/>
		費用: \$ _____
課前照顧 (上午八時至九時)	\$10.00 x _____ 日	\$ _____
課後照顧 (下午三時至五時三十分)	\$20.00 x _____ 日	\$ _____

Total: \$ _____

附註:

您所提供的資料將用於課程事宜。亦將用於培德中心、培德學校及華人基督教聯合會節目推廣活動之用。其他資料絕對保密。您有權取得和更改關於您或貴子弟保存在培德中心/培德學校的個人資料。就此要求, 請以書面形式, 通知培德暑期班主任。

許可書及緊急授權免責書

本人為 _____ (“參加者”) 的家長/監護人，現允許我的孩子參加培德 JSP “活動”

本人確認“參加者”(和“參加者”的家長或監護人，如“參加者”是未成年的話)參與上述活動所涉及的風險並可能導致各種損傷，包括但不限於以下內容：疾病、身體受傷、死亡，精神傷害、個人傷害、財物損失和經濟損失。

在考慮參與上述“活動”時，“參加者”(或“參加者”的家長或監護人，如果“參加者”是未成年的話)認同並接受在“活動”裡或“活動”往返交通途中可能遭致的損傷風險。“參加者”(或家長/監護人)接受在“活動”裡或“活動”往返交通途中，因任何受傷或其他損失以及“參加者”接受培德中心/培德學校雇員、義工或任何其他代表(下文統稱為“活動贊助者”)給予任何醫療照護而要負的個人財務責任。

本人明白在任何時候，培德中心/培德學校及其代理人在賽事和活動裡，將採取一切合理的安全措施。本人授權認可的醫院和/或醫生在緊急情況下進行必須的醫療照護。本人明白可能發生無法預知的危險並瞭解風險的可能性。基於免責書的聲明，本人同意不會因損害、損失、疾病或受傷而要求培德中心/培德學校各領袖、各雇員及義工負責任。

本人同意自己的孩子遵守在培德暑期「啟航班」的程序規章。亦同意孩子的照片或影像給培德中心/培德學校作任何項目相關的宣傳之用。

家長/監護人姓名

家長/監護人簽名

日期

培德暑期「啟航班」 一般資訊

課程日期： 6/17 – 8/2 (7 星期)

課程時間： 上午 9 時至下午 3 時

報名、付款手續及須知：

- 報名是以先到先得為準
- 報名表交回校務處，或寄往, PTC, 2216 S Wentworth Ave, Chicago, IL 60616 或 PTCS, 2301 S. Wentworth Ave, Chicago, IL. 60616 .
- 支票抬頭寫上 ‘Pui Tak Center’ 或 ‘Pui Tak Christian School’，並在支票備註欄寫上該學生的姓名和班級
- 課程費用恕不退還
- 暑期「啟航班」有權取消任何課程。如果課程被取消，該課程的學費將以支票形式寄回退款

集合及解散：

- 學生於 2301 S. Wentworth Avenue 上課及接回
- 家長和監護人必須在活動地點外面等候。請於下午三時接回貴子弟
- 如果您已為貴子弟報名參加課後照顧服務，請於下午五時半接回貴子弟。過時的照顧費用為每十五分鐘五元

一般事項：

- 所有活動，學生必須穿上適當的室內運動鞋。不得攜帶食物或飲品進入室內體育館
- 包含午餐 (校外實地考察日除外)

聯絡事項：

Pui Tak Center: 2216 S. Wentworth Ave, Chicago, IL 60616 Tel: (312) 328-1188 jsp@puitak.org

Pui Tak Christian School: 2301 S. Wentworth Ave, Chicago, IL 60616 Tel: (312) 842-8546 jsp@puitak.org