

CCCSB Homework Club Application Form

Club member Information –PLEASE USE INK PEN & PRINT

Student's Legal Name _____ Male ____ Female ____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Parent/Legal Guardian _____ Hm Phone (____) _____ Wk phone(____) _____

Cell _____ E---Mail Address _____

Grade Entering, Fall 2013 _____ School Attending, Fall 2013 _____

Emergency Information

Medications student MUST take DURING HOMEWORK CLUB hours _____

Current health problems or allergies to drugs or foods (specify) _____

IN THE EVENT OF ILLNESS OR INJURY DURING HOMEWORK CLUB HOURS --- Where can student's parents/guardian be contacted?

Mother/Guardian _____ Daytime Phone _____ Cell _____

Father/Guardian _____ Daytime Phone _____ Cell _____

Emergency Contact _____ Daytime Phone _____ Cell _____

In the event I cannot be reached, permission is hereby given for the physician or hospital designated to provide emergency care for my child should serious illness/injury occur during school hours. I also authorize CCCSB to offer consent to medical attention by calling 911 and/or Offer consent as needed.

Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

We certify that we have completed this application and that the information given is accurate.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

For questions, please call 310-326-7905

Please send the application to: CCCSB Homework Club, 25420 Narbonne Ave., Lomita, CA 90717

南灣華人基督教會 Homework Club 申請表

學員資料 –請用墨水筆和正楷填寫

學生英文全名 _____ 性別： 男 ____ 女 ____
地址 _____ 城市 _____ 州名 _____ 郵遞區號 _____
生日 ____/____/____
父母/法定監護人姓名 _____ 住家電話 (____) _____ 公司電話 (____) _____
行動電話 _____ 電子郵件地址 _____
2013秋季入學年級 _____ 2013 秋季入學學校名稱 _____

緊急聯絡資料

在教會課業輔導期間有需服用之藥物 _____
目前有的健康問題或對食物和藥物？(請列明項目) _____

教會課業輔導期間若生病或受傷時可聯絡的家人或監護人

母親/監護人 _____ 聯絡電話 _____ 手機號碼 _____
父親/監護人 _____ 聯絡電話 _____ 手機號碼 _____
緊急聯絡人 _____ 聯絡電話 _____ 手機號碼 _____
(與學生之關係： _____)

如遇我的小孩在上課期間發生嚴重的疾病/傷害而無法及時與我聯絡上的情況，特此授權給指定的醫生或醫院為我的小孩提供緊急服務。我也授權予CCCSB撥打911尋求就醫和/或授權同意就醫的需要。

醫生 _____ 地址 _____ 電話 _____
醫院 _____ 地址 _____ 電話 _____

我們證實此申請表乃由我們本人自行填寫並所提供之資料皆屬實無誤。

家長簽名 _____ 日期 _____

學生簽名 _____ 日期 _____

如有疑問，請撥打電話 310-326-7905

請將此申請表寄至 CCCSB Homework Club, 25420 Narbonne Ave., Lomita, CA 90717