



# PCDC Teen Club Intake Form 2018-2019 PCDC 青少年俱樂部攝入表格 2018-2019

\*Date 日期: \_\_\_\_\_

\*Name: \_\_\_\_\_ Gender 性別: Male 男 Female 女 Other: \_\_\_\_\_  
First 名 Last 姓

\*Date of Birth 生日 \_\_\_\_\_ Race 種族 \_\_\_\_\_

Primary Languages Spoken 主要使用的語言 \_\_\_\_\_

\*Address 家庭地址: \_\_\_\_\_

Apt 公寓號碼 \_\_\_\_\_ \*Zip Code 郵政編碼 \_\_\_\_\_

\*Phone 电话: \_\_\_\_\_ \*Email 電子郵件地址 \_\_\_\_\_

\*School Currently Attending 学校: \_\_\_\_\_

\*School District 7 Digit ID Number 學生證號碼 \_\_\_\_\_

\*Grade as of Sept 2018 2018 年 9 月年級 \_\_\_\_\_

### Caretaker Information 家长资料

\*Name: \_\_\_\_\_ \*Relationship 关系 \_\_\_\_\_  
First 名 Last 姓

\*Phone 电话: \_\_\_\_\_ \*Email 電子郵件地址 \_\_\_\_\_

### \*Short Survey [SAT Class Only] 调查

What do you need help with?  
\_\_\_\_\_

		1	2	3	4	5	
How prepared are you for SAT?	Not prepared at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very prepared

		1	2	3	4	5	
How prepared are you for college application?	Not prepared at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very prepared

## 費城華埠發展會



**\*Student Transport 學生交通**

*Please select only one.* 請只選擇一個。

I give my child permission to walk home alone from PCDC Teen Club. 我准許我的孩子從 PCDC 青少年俱樂部獨自走回家。

I do not give my child permission to walk home alone from PCDC Teen Club. My child can only leave accompanied by: : \_\_\_\_\_.

我不允許我的孩子從 PCDC 青少年俱樂部獨自走回家。我的孩子只能在他（她）的陪同下離開： : \_\_\_\_\_.

**\*Medical Concerns 醫療關注**

Please list any medical concerns, including allergies. 請列出任何健康問題，包括過敏。

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Parent Permission 父母允許**

I give my child permission to participate in the PCDC Teen Club’s academic and sports activities. In case of emergency, I give my child permission to receive medical treatment.

我許可我的孩子參加 PCDC 青少年俱樂部的學術和體育活動。在緊急情況下，我允許我的孩子接受治療。

**\*Parent/Guardian signature 父母/監護人簽名:** \_\_\_\_\_