

Oakland CIBC 屋崙華人自理浸信會

# 星期六補習班

## Saturday Tutoring

為六至十二年級學生提供免費補習

FREE Tutoring Services for 6<sup>th</sup> to 12<sup>th</sup> Graders

以普通話和粵語教學

Class Conducted in Mandarin and Cantonese

適合新移民學生參加

Suitable for New Immigrants Students



地點 Location: 屋崙華人自理浸信會 Oakland CIBC

時間 Time: 星期六 Saturday 10AM to 12:30PM

活動 Activities: 作業補習 Homework Tutoring

英語練習 English Exercises

數學操練 Math Practices

團契活動 Team Building Activities

戶外活動 Outdoor Activities

聖經分享 Bible Sharing

電話 Contact: 510-452-1772

報名 Sign Up: 請填寫表格並將照片發送至 [cibcNewCreation@gmail.com](mailto:cibcNewCreation@gmail.com)  
或網上報名。請把表格正本帶到補習班。

網上報名



暑期活動 Summer Program: 星期六 Saturday 10AM to 2PM 提供免費午餐

8/5/23 團建體驗

8/19/23 戶外體驗

8/12/23 科學體驗

8/26/23 工程體驗

補習班開課日期: 9/9/23



# CIBC SATURDAY TUTORING APPLICATION

## CIBC 補習班報名表

280 Eighth Street, Oakland, CA 94607 (510) 452-1772

學生姓名: \_\_\_\_\_ 聯絡電話: ( \_\_\_\_\_ ) - \_\_\_\_\_  
Name 中文 英文 Contact Number

地址: \_\_\_\_\_  
Address

在美國居住年日: \_\_\_\_\_ 主要使用語言: \_\_\_\_\_ 其他言語: \_\_\_\_\_  
Years in U.S. Primary Language Second Language

生日 Birthday: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_ 學校 School: \_\_\_\_\_ 年級 Grade: \_\_\_\_\_

父母姓名: \_\_\_\_\_ 聯絡電話: ( \_\_\_\_\_ ) - \_\_\_\_\_  
Parents Name Contact Number

### 緊急聯絡人 Emergency Contact

姓名: \_\_\_\_\_ 與學生的關係 \_\_\_\_\_ 聯絡電話: ( \_\_\_\_\_ ) - \_\_\_\_\_  
Name Relationship with student Contact Number

醫療保險公司 Insurance Company: \_\_\_\_\_

保險號碼 # \_\_\_\_\_ 醫生: \_\_\_\_\_ 聯絡電話: ( \_\_\_\_\_ ) - \_\_\_\_\_  
Insurance Number Doctor Contact Number

任何醫藥限制或需要注意事項: \_\_\_\_\_ 任何敏感: \_\_\_\_\_  
Medical Conditions Allergies

於教會舉辦之活動當中,若需要接受任何醫藥治療,本人願意授權與該活動負責人代表本人,子女送往醫療所接受治療。本人將不要求教會承擔任何醫療治療的責任和費用。

I give permission for the above student to participate in the Chinese Independent Baptist Church Tutoring Program's activity. In the event of a medical emergency, I give the person(s) in charge the medical authorization for emergency treatment for the student. I understand that CIBC and its staff are not liable for actions taken in any medical emergency.

我同意我子女參加屋需華人自理浸信會補習班。我授權屋需華人自理浸信會補習班負責人向校方索取我子女的成績表及校內的表現狀況。我授權屋需華人自理浸信會補習班使用我子女的照片。

I authorize my child to participate in the Saturday Tutoring / New Creation Program. I also authorize Chinese Independent Baptist Church Tutoring Program Director to obtain report cards, progress reports, and test scores from his/her school and/or teacher. I authorize pictures of my son/daughter to be used in the Chinese Independent Baptist Church Tutoring Program.

此授權書只限於事發時未能即時與家長或監護人聯絡時使用。

This permission will only be used when parents or guardians cannot be reached in the case of an emergency.

父母或監護人簽署: \_\_\_\_\_ 簽名日期: \_\_\_\_\_  
Parent or Guardian Signature Date