

2301 S. Wentworth Ave
Chicago IL 60616



www.puitakschool.org
Tel: 312.842.8546

Non-PTCS Students - After School Care Registration Form
非培德學校學生 - 課後照顧報名表

Student Information 學生資料

Student Name 學生姓名 _____
Grade 班級 _____ Gender 性別 _____
Father's Name 父親姓名 _____ Cell Phone #手提電話 _____
Mother's Name 母親姓名 _____ Cell Phone #手提電話 _____
Address 地址 _____

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 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, 培德基督教學校將提供額外的醫療表格以獲取更多資訊。

IEP ☐ Yes 是 ☐ No 否 Allergies 過敏: ☐ Yes 是 ☐ No 否

Other Medical Conditions 其他健康狀況: ☐ Yes 是 ☐ No 否

After School Care Information 課後照顧資料

Please select the Pick-up Time for After School Care Service: 請選擇課後照顧服務接放學時間:

- ☐ 4:30 p.m. Pick up 接放學 \$1400/year 一年
☐ 5:30 p.m. Pick up 接放學 \$2100/year 一年

You can choose to pay monthly, semi-annually or annually; fee is due at the time of registration.
A light snack will be provided at the beginning of after school care.

註冊時必須繳納費用。您可以選擇一次過付清全年的費用, 分兩次付款, 或按月付款。
學校將於課後照顧開始時提供簡便小食。

Please select a Payment Plan. 請選擇繳付計劃。

- ☐ Annually 一次付清 ☐ Semi-annually 分兩次付款 ☐ Monthly 按月付款

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After School Care On Demand 按日需要課後照顧服務

Please select the Pick-up Time for After School Care Service: 請選擇課後照顧服務接放學時間:

☐ 4:30 p.m. Pick up 接放學 \$12/day 一日

☐ 5:30 p.m. Pick up 接放學 \$18/day 一日

Please select the day of the week for After School Care Service: 請選擇週中哪一天需要課後照顧服務:

☐ Mon. 週一

☐ Tue. 週二

☐ Wed. 週三

☐ Thu. 週四

☐ Fri. 週五

I understand that PTCS' calendar may differ slightly from that of Chicago Public Schools' calendar. PTCS' After School Care Program will only run on days that PTCS is in-session. On days that PTCS is not in-session and Chicago Public Schools are in-session, I understand that I will have to find alternative arrangements for my child. I can find PTCS' calendar on the school website.

我明白培德基督教學校的日曆可能與芝加哥公立學校的日曆略有不同。培德基督教學校的課後照顧只在培德基督教學校上課的日子提供服務。我明白在培德基督教學校不上課而芝加哥公立學校上課的日子，我必須為我孩子的課後照顧另作安排。我明白我可以在學校網站上找到培德基督教學校的日曆。

Parent/Guardian Name (Print)
父母/監護人姓名 (請寫正楷)

Parent/ Guardian Signature
父母/監護人簽名

Today's Date
今天的日期

FOR OFFICE USE ONLY:

Before School Care Hour _____ After School Care Hour _____
Total Cost _____ Amount Paid _____ ☐ Check ☐ Cash
Check # (If applicable) _____ Received by _____ Date _____