2301 S. Wentworth Ave
Chicago IL 60616

培德基督教學校
PUI TAK CHRISTIAN SCHOOL

www.puitakschool.org
Tel: 312.842.8546

PTCS Students - Before and After School Care Registration Form
培德學校學生 – 課前課後照顧報名表

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 _____

Before and After School Care Information 課前課後照顧資料

Before School Care 課前照顧	After School Care 課後照顧
☐ 7:30 a.m. Drop-off 開始 $900/year 一年	☐ 4:30 p.m. Pick up 接放學 $1400/year 一年
☐ 8:00 a.m. Drop-off 開始 $600/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

Before and After School Care On Demand 按日需要課前課後照顧服務	
Before School Care 課前照顧	After School Care 課後照顧
☐ 7:30 a.m. Drop-off 開始 $10/day 一日	☐ 4:30 p.m. Pick up 接放學 $12/day 一日
☐ 8:00 a.m. Drop-off 開始 $ 7/day 一日	☐ 5:30 p.m. Pick up 接放學 $18/day 一日

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

☐ Mon. 週一 ☐ Tue. 週二 ☐ Wed. 週三 ☐ Thu. 週四 ☐ Fri. 週五

Updated: 9/7/2025

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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 _____