

Registration Check- Off List 注册一览表

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|-------|--|--------------------------|
| I. | Registration Form 注册表 | <input type="checkbox"/> |
| II. | Policy and Procedures Form 政策及程序表格 | <input type="checkbox"/> |
| III. | Student Information 学生资料表 | <input type="checkbox"/> |
| IV. | Emergency Contacts and Medical Consent 紧急联络人 | <input type="checkbox"/> |
| V. | Medical Consent Form 紧急医疗同意书 | <input type="checkbox"/> |
| VI. | Parent Handbook Contract 家长手册合同 | <input type="checkbox"/> |
| VII. | Photo Release 肖像同意书 | <input type="checkbox"/> |
| VIII. | Late Pickup Fee Notice 迟接学生费用规则 | <input type="checkbox"/> |
| IX. | Uncollected Children Policy 未接学生规则 | <input type="checkbox"/> |
| X. | COVID 19 Waiver 新冠病毒豁免协议 | <input type="checkbox"/> |
| XI. | Parent I.D Card 身份证/驾照 | <input type="checkbox"/> |
| XII. | Student Immunization Record 学生疫苗接种卡 | <input type="checkbox"/> |
| XIII. | Address Verification 居住证明 (ID/电话/水电费账单...) | <input type="checkbox"/> |
| XIV. | Income Verification 收入证明 (最新報稅表/3个月薪资表) | <input type="checkbox"/> |

(If not provided, will be charged regular tuition)

(如未提供，将收取一般家庭学费)

PARENT REGISTRATION FORM 收录表

1) Last Name 姓 _____ First Name 名 _____

Address 地 _____ City 城市 _____ Zip Code 邮编 _____

Phone Number 电话: _____ Male 男 _____ Female 女 _____ Birth Date 生日 ____/____/____

No. of Years in U.S. 在美国多久 _____ Birth Place 或出生地 _____

Primary Language 母语 _____

Educational Level 教育水準: ____ 0-8 Grades 年級 ____ 9-12 Grades 年級 ____ High School or GED 高中畢業 ____ College 大專以上學歷

Military Status 軍事地位: _____ Veteran 軍人 _____ Active Military 現役軍人 _____ Not a Veteran 不是軍人

Work Status 工作狀態: ____ Full Time 全職 ____ Part Time 半職 ____ Seasonal 季節性工作人員 ____ Unemployed 無職業 ____ Retired 退休

Disability Status 身體健康狀況: _____ Disabled 有殘疾 _____ Not Disabled 無殘

<p align="center"><u>Racial Background 种族背景</u></p> <p><u>Single Categories 单一族类:</u></p> <p>____ American Indian/Alaska Native 印第安或阿拉斯加土著</p> <p>____ Asian 亚裔</p> <p>____ Black/African American 非洲裔美国人</p> <p>____ Native Hawaiian/ Other Pacific Islander 夏威夷或其他太平洋岛民</p> <p>____ White 白人</p> <p align="center"><u>Ethnic Background 族裔背景:</u></p> <p>____ NOT Hispanic/Spanish/Latino 非西班牙/拉丁语裔</p> <p>____ Mexican/Mexican American/Chicano 墨西哥裔/美国裔的墨西哥人/拉丁美洲裔</p> <p>____ Puerto Rican 波多黎各</p> <p>____ Cuban 古巴</p> <p>____ Other Hispanic/Spanish/Latino 其他西班牙裔/拉丁语裔</p>	<p align="center"><u>Housing 住房供给:</u></p> <p>____ Own 买房</p> <p>____ Rent 租房</p> <hr/> <p align="center"><u>Health Insurance 健康保险:</u></p> <p>____ No 没有</p> <p>____ Yes 有</p> <p align="center"><u>Insurance Name 保險名稱:</u></p> <p>_____</p> <hr/> <p align="center"><u>Policy and Procedures Provided (see next page)</u></p> <p align="center"><u>附上服务政策及程序 (见下一页):</u></p> <p>____ Yes 有</p> <p>____ No 没有</p>
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Family Members	Relationship	Date of Birth	Monthly Amount of Income	Source of Verification
Total Household				
Income:				

Client Signature/签字:

Date 日期:

Staff Signature/员工签字:

Date 日期:

Asian Youth Center 亚裔青少年中心
Policy and Procedure in Services 服务政策及程序

Asian Youth Center Provides individual and family services via the funding of the County of Los Angeles to participants who qualify for the following two criteria: (1) Residents of the Fifth Supervisorial District (please refer to the map of the Fifth Supervisorial District) and (2) Household income qualifies for the Federal poverty guidelines set by the County of Los Angeles. The qualifications will be informed and explained at the intake and the participants agree to provide the above resident and income proof at the intake or the following session. The participants also agree to comply with the agency's policies on child abuse report and the contract for counseling services, which will be informed and signed at the intake.

在洛杉矶县社区服务补助的赞助下，亚裔青少年中心为满足以下条件的个人及家庭提供服务：

-居住在第五监管区内（请查看地图，第五监管区）

-家庭收入满足社区服务补助的贫困标准

具体标准将在招收时告知，同意在招收时及每年呈交居住及收入证明。亦同意报告任何子女虐待、辅导合同方面的政策。这些方面的政策，将在招收时被告知并签署同意书。

Nondiscrimination Policy in Services:

The Asian Youth Center does not discriminate in the provision of this services based on an individual's race, color, religion, sex, sexual preference, National origin, age, handicap or any other classification.

无歧视政策:

亚裔青少年中心在提供服务时不会出现任何歧视，无论种族、肤色、信仰、性别、性取向、国籍、年龄、残疾或其他类别。

Grievance Procedure:

I. Step One-Supervisor Level

A client with grievance or complaint which cannot be resolved with the Asian Youth Center employee with whom he/she has a complaint should file a grievance or complaint with the related Program Coordinator or the Director of Education in person, by telephone or in a written report within 30 days of the alleged incident.

申诉程序:

I. 步骤一 负责人层面

任何对亚裔青少年中心员工的申诉或投诉，如未能得到亚裔青少年中心解决，投诉人可以在 30 天内，向项目协调人或负责人当面、打电话或书面递交申诉或投诉。

A. The grievance should include the following:

1. Name, address and phone number of the grievant and service sought.
2. Description of the grievance and supporting documentation, name of involved person and other relevant information.

A. 申诉需要包括以下信息:

1. 申诉人姓名、地址、电话号码及寻求的服务。
2. 对申诉的描述及证明材料，涉及人姓名及其他相关信息。

B. Upon receipt of the grievance, the Program Coordinator or the Director of Education shall:

1. Meet with and respond to the grievant within 10days to either uphold the grievance, or deny the grievance
2. Inform the grievant regarding step two if necessary.

B. 收到申诉后，项目协调人或应该:

1. 在 10 天内与申诉人见面并回应支持申诉，或 拒绝申诉
2. 如果需要，告知申诉人步骤二

II. Step Two-Decision by Executive Director:

Any person whose grievance has been denied by the Program Coordinator or Director of Education may appeal the decision to the Executive Director in writing within 10days. The Executive Director shall render a decision on the matter within 10days of receipt of the appeal and inform the grievant regarding step three if necessary.

II. 步骤二 - 执行长决定:

如果申诉人的申诉被项目协调人或负责人拒绝，申诉人可以在 10 天内向执行长上诉。执行长应该在：在收到上诉 10 天内作出决定。如果需要，告知申诉人步骤三

III. Step Three – Appeal to the Board of Directors:

Any person whose grievance has been denied by the Executive Director under step two may appeal the decision to the Board of Directors. Within 10days of the decision, the grievant shall submit a written request for an appeal to the President of the Board of Directors.

A. The appeal hearing shall be held at the next regular Board meeting unless the President calls a special meeting for this purpose at an earlier date which is amenable to all parties.

B. The grievant and the Executive Director shall provide pertinent documents to the Board of Director at least 5 days in advance of the hearing.

C. The Board President shall provide a written decision of the step three hearing to the grievant and the Executive Director within 10 days of the hearing.

D. The grievant will be informed regarding step four if necessary.

III. 步骤三 – 向董事长上诉:

如果申诉被执行长拒绝，申诉人可以在 10 天内，书面申请上诉董事会。

A. 董事会主席可以在下次董事局常规会议上举办听证会，或在董事会之前召开一个特别会议。

B. 申诉人及执行长，至少要在听证会的前 5 天向董事会递交相关文件。

C. 在听证会结束的 10 天内，董事会主席需要提供一份书面决定。

D. 如果需要，告知申诉人步骤四。

IV. Step Four – Appeal to the Funding Source:

Any person whose grievance has been denied by the Board of Directors under step three will be given the name, address, phone number and contact person of the Funding Source of the program involved. If requested, all pertinent information regarding the grievance shall be forwarded to the Funding Source.

A copy of the Asian Youth Center Client grievance procedure shall be posted at the Center and a copy of the grievance procedure will be given to any client who wishes to file a grievance or complaint and further grievance could be taken into Los Angeles Community and Senior Services and be addressed to May Kingi, Chief of Community Services Division at 3175 W. Sixth Street Los Angeles, CA 90021.

IV. 步骤四 – 向投资方上诉:

如果申请被拒绝，董事会将告知申诉人投资方名字、地址、电话号码及联络人。如果需要，所有与申诉相关的资料将发送至投资方。

亚裔青少年中心应在该中心张贴其申诉程序，并且将申诉程序分发给有意向申诉或投诉的个人。进一步申诉可以在洛杉矶社区及老年服务中心进行，由社区服务部门主管 May Kingi 负责，地址是 3175 W. Sixth Street Los Angeles, CA 90021。

Signature/ 签名

Date/日期

Student Information 学生资料:

1) Last Name 姓 _____ **First Name 名** _____

Address 地 _____ City 城市 _____ Zip Code 邮编 _____

Male 男 ___ Female 女 ___ Birthday 生日 ___ / ___ / ___ School 就读学校 _____

No. of Years in U.S. 在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

2) Last Name 姓 _____ **First Name 名** _____

Male 男 ___ Female 女 ___ Birthday 生日 ___ / ___ / ___ School 就读学校 _____

No. of Years in U.S. 在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

3) Last Name 姓 _____ **First Name 名** _____

Male 男 ___ Female 女 ___ Birthday 生日 ___ / ___ / ___ School 就读学校 _____

No. of Years in U.S. 在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

4) Last Name 姓 _____ **First Name 名** _____

Male 男 ___ Female 女 ___ Birthday 生日 ___ / ___ / ___ School 就读学校 _____

No. of Years in U.S. 在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

5) Last Name 姓 _____ **First Name 名** _____

Male 男 ___ Female 女 ___ Birthday 生日 ___ / ___ / ___ School 就读学校 _____

No. of Years in U.S. 在美国多久 _____ or Birth Place 或出生地 _____

Primary Language 母语 _____ Current Grade 在校级别 _____

Parent Information 父母/监护人资料:

Parent Information: Please fill out completely and sign where indicated. In a major emergency, it is Asian Youth Center (AYC) policy to retain student's information for their safety. This form will be used by AYC staff when students are released to go home. Please complete electronically or print clearly and return completed form to AYC.

家长信息：请完整填写此表格并签字。在紧急情况发生时，安全起见，AYC 需要保留学生信息。学生被接回家时，AYC 将使用此表格。请以电子方式或正楷填写，然后呈交至 AYC。

Parent or Guardian's Name 父母亲/监护人姓名: _____

Cell Phone 手机: _____

Address 地址: _____

Employer's Name 雇主名称: _____ Phone 电话: _____

Email Address 电子邮箱: _____

Parent or Guardian's Name 父母亲/监护人姓名: _____

Cell Phone 手机: _____

Address 地址: _____

Employer's Name 雇主名称: _____ Phone 电话: _____

Email Address 电子邮箱: _____

Contact Person in case of Emergency 紧急联络人:

1) Name 姓名: _____ Phone 电话: _____

2) Name 姓名: _____ Phone 电话: _____

3) Name 姓名: _____ Phone 电话: _____

Medical Consent 紧急医疗同意书:

Should it be necessary for my child(ren) to receive medical treatment while participating in the program, I hereby give the agency and physician permission to use their judgment in providing the appropriate medical treatment for my child(ren). I hereby waive all financial claims against the Asian Youth Center or its employees should there be a financial charge as a result of my child(ren)'s medical treatment.

在参与课程中如本人子女需要医疗处理，本人同意/授权亚裔青少年中心职员及医生运用其判断来提供适当的医疗处理。本人亦同意任何就医费用与亚裔青少年中心及其职员无关。

Signature of Parent/Guardian 父母/监护人的签名

Date/日期

In the event that medical treatment is necessary, please refer my child(ren) to:

如本人子女需要医疗处理，请接洽下列医生：

Physician's Name 医生姓名: _____ Phone 电话: _____

Address 地址: _____

HEALTH ALERTS –List any medical condition which restricts physical activity or requires special attention. Include conditions such as asthma and allergies such as peanut and bee stings. If none, please indicate “none”.

健康提醒 – 列出任何需要限制体育活动或者需要有特别照料的健康状况，包括哮喘或花生及蜜蜂叮蛰所产生的过敏状况。如果没有就请写“没有/none”。

Parent Handbook Contract Agreement: Please sign and date the Parent Handbook Contract Agreement. Thank you for taking the time to read this handbook. I have received a parent handbook. I have read and understand I will be responsible for following its rules. I also understand that the parent handbook clearly states the rights that I have as a parent and the rights that my child has as a student.
家長手冊同意書 請在家長手冊同意書上簽名.感謝您抽出寶貴的時間閱讀此手冊. 我已收到家長的手冊. 我閱讀了並且知道我有責任及遵守以下的規定. 身為學生的家長, 我也同樣明瞭家長手冊中所明列的權利

Signature of Parent/Guardian 父母/监护人的签名

Date/日期

Photo Release: I hereby grant the Asian Youth Center permission to use my child’s name, biographical or occupational description, and personal information supplied by me to the Asian Youth Center-portrait, likeness of voice or any or all of them- in recording motion picture film, television production or reproduction, sound track recording film strip, still photograph, or otherwise. I hereby grant to the Asian Youth Center, its clients, successors, assigns and anyone acting under the authority or permission of any of them, the right to make originals where appropriate and to use in advertising and publicity, in any and all publications and other media without limitations or reservation for any lawful purpose; and reproduce in any form or manner and to copyright any of the items referred to in the preceding paragraph.

肖像/照片同意書:本人應允 AYC 可全權運用本人子女之姓名,傳記何職業描述及由本人提供給 AYC 之個人資料包括肖像,聲音記錄等,此外亦包括一切錄像,電影膠卷,電視制作或復制,聲跡錄音帶,照片等. 本人亦應允 AYC,及中心所授權或允許之人員或機構對前段所述之所有項目持有版權以及可合法地無限量用來復制,做廣告,再刊物或傳媒宣傳.

Signature of Parent/Guardian 父母/监护人的签名

Date/日期

Late Pick-up Fee: Parents will be charged a \$1 per minute fee for every minute past 6:00pm they are late picking up their child. Late pick-up fees must be paid no later than two days after the late pick-up. If left unpaid the child will not be allowed to continue with programming. (**summer time 5:30 pm)

迟接学生费：6 点之后，如果家长未来接学生，每迟到 1 分钟，要交\$1 迟到费。迟到的两天内，家长需要交齐迟到费，如果两天后还没有交，学生将不允许参加课程。（**暑假时间 5：30 pm)

Signature of Parent/Guardian 父母/监护人的签名

Date/日期

Uncollected Children: If a parent or caregiver does not arrive within 15 minutes after the end of a given session and no collection advice has been telephoned and communicated to AYC, the manager or person in charge will telephone all emergency contacts for that child until a suitable person is found and arrangements are made for collection. The parents/caregivers will be offered, within reason (City of San Gabriel) and at an additional cost of \$15, the opportunity for the child to be transported to a preferred address if a parent/caregiver is unable to get to the setting within a reasonable amount of time (no more than 1 hour). If it is impossible to contact anyone regarding the safe collection of the child, the emergency services and Children's Protective Services will be contacted. The manager or person in charge will remain with the child until such time as they are settled into the care of the local authority.

未接学生: 如果家长或看护人未在课程结束后 15 分钟内到达，且未电话通知 AYC 和提供接学生建议，经理或负责人将致电该学生的所有紧急联系人，直到找到合适的人并安排接学生。如果父母/看护人无法在合理的时间（不超过 1 小时）内到达该学校，AYC 提供在合理范围内运送服务（圣盖博市）并向父母/监护人额外收取 20 美元的费用，将学生送到指定地址。如果无法联系任何人接学生的安全考量下，将联系紧急服务和儿童保护服务。经理或负责人将留在孩子身边，直到他们被安置到地方当局的照顾之下。

Local police number (626) 308-2828 or 911 in an emergency. 当地警察电话号码 (626) 308-2828 或 紧急电话号码 911. LA County Child Protective Services 1-800-540-4000 洛杉矶儿童保护服务电话号码 1-800-540-4000. I have read and understand I will be responsible for following the above policies regarding child pick up and collection. **我已阅读并理解我将负责有关接学生上述的政策**

Signature of Parent/Guardian 父母/监护人的签名

Date/日期

AYC Covid-19 Waiver: Client/Visitor MINOR 新冠病毒豁免协议

AYC has put in place preventative measures to reduce the spread of COVID-19; however, AYC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending AYC programming could increase your risk and your child(ren)'s risk of contracting COVID-19.

AYC 已采取预防措施以减少 COVID-19 的传播；但是，AYC 不能保证您或您的孩子不会感染 COVID-19。此外，参加 AYC 计划可能会增加您和您孩子感染 COVID-19 的风险

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending AYC programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at AYC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, AYC employees, volunteers, and program participants and their families.

通过签署本协议，我知道 COVID-19 的传染性，并自愿承担我和我的孩子可能因参加 AYC 计划而接触或感染 COVID-19 的风险，并且这种接触或感染可能导致人身伤害、疾病、永久性残疾和死亡。我了解在 AYC 接触或感染 COVID-19 的风险可能是由于我自己和其他人（包括但不限于 AYC 员工、志愿者和计划参与者及其家人）的行为、疏忽或疏忽造成的。

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at AYC or participation in AYC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless AYC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of AYC its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any AYC program.

我自愿同意承担所有上述风险，并对我的孩子或我自己的任何伤害（包括但不限于人身伤害、残疾和死亡）、疾病、损坏、损失、索赔、我或我的孩子可能因我的孩子参加 AYC 或参与 AYC 计划而经历或招致的任何类型的责任或费用（“索赔”）。我代表我和我的孩子，特此承诺不起诉、免除 AYC 及其员工、代理人 and 代表，并使其免受索赔，包括所有责任、索赔、诉讼、损害赔偿、由此产生或与之相关的任何种类的成本或开支。我理解并同意，本新闻稿包括基于 AYC 其员工、代理人 and 代表的行为、疏忽或疏忽的任何索赔，无论 COVID-19 感染是否发生在参与任何 AYC 计划之前、期间或之后。

Name of Student/Students _____

Signature of Parent/Guardian 父母/监护人的签名

Date/日期