

Registration Check- Off List 注册一览表

- | | | |
|-------|---|--------------------------|
| I. | Registration Form 注册表 | <input type="checkbox"/> |
| II. | Intake Form 学生收录表 | <input type="checkbox"/> |
| III. | Address Verification (Telephone, Gas, Water Bill)
居住证明（电话、煤气、水费账单） | <input type="checkbox"/> |
| IV. | Income Verification (Check Stubs for One Month)
收入证明（某月存根） | <input type="checkbox"/> |
| V. | Policy and Procedures Form 政策及程序表格 | <input type="checkbox"/> |
| VI. | Parent Handbook Contract 家长手册合同 | <input type="checkbox"/> |
| VII. | Emergency Card 紧急卡 | <input type="checkbox"/> |
| VIII. | Activities and Transportation Form 活动及交通表格 | <input type="checkbox"/> |
| IX. | Photo Release Form 肖像同意书 | <input type="checkbox"/> |
| X. | Walking Field Trips Form 短程郊游表 | <input type="checkbox"/> |
| XI. | Parking Policy 停车政策 | <input type="checkbox"/> |
| XII. | I.D Card 身份证 I.D | <input type="checkbox"/> |
| XIII. | Report Card (if applicable) 报告卡（如果有的话） | <input type="checkbox"/> |



Office Use Only:

Low: _____ Reg: _____

CDBG: _____ CSBG: _____

Registration Form
亞裔青少年中心

232 West Clary Ave., San Gabriel, CA 91776

Tel: (626)309-0425 ext.105

Fax: (626)309-0362

Office use only: _____ ACE _____ ELT _____ TLCC _____ FNC _____ 1:1 Tutoring
_____ 1:1 Tutoring _____ BB _____ SAT _____ Chinese _____ ACC

Student Information 学生资料:

1) Last Name 姓: _____ First Name 名 _____ Middle 中间名 _____

Address 地址 _____ City 城市 _____ Zip Code 邮编 _____

Phone 电话 _____ Cell Phone 手机 _____ Male 男 _____ Female 女 _____

Birthday 生日 ____/____/____ School Name 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 _____ Middle 中间名 _____

Address 地址 _____ City 城市 _____ Zip Code 邮编 _____

Phone 电话 _____ Cell Phone 手机 _____ Male 男 _____ Female 女 _____

Birthday 生日 ____/____/____ School Name 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:

Father's or Guardian's Name 父亲/监护人姓名: _____

Phone 电话: _____ Cell Phone 手机: _____

Address 地址: _____ Income 收入: _____ Hr 每小时/Wk 周/Mo 月

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

Employer's Address 雇主地址: _____

Email Address 电子邮箱: _____

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

Phone 电话: _____ Cell Phone 手机: _____

Address 地址: _____ Income 收入: _____ Hr 每小时/Wk 周/Mo 月

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

Employer's Address 雇主地址: _____

Email Address 电子邮箱: _____

Contact Person in case of Emergency 紧急联络人:

1) Name 姓名: _____ Daytime Phone 日间电话: _____

Relationship to the student 与学生的关系: _____

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

在参与周末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。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: _____

My child(ren) has the following special medical conditions and/or allergies to specific medications:

本人子女有下列病况/或对特定药物有过敏反应:

Signature of Parent/Guardian 家长/监护人签名: _____ Date 日期: _____

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, 亚裔青少年中心需要保留学生信息。学生被接回家时, 亚裔青少年中心将使用此表格。请填写电子或打印表格, 然后呈交至亚裔青少年中心。

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

紧急医疗授权书

The undersigned, as parent/legal guardian of _____ a minor, hereby authorizes the principal or designee, into whose care the student has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to the student upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the Asian Youth Center to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given in accordance with Section 49407 of the California Education Code, and shall remain effective until revoked in writing and delivered to the Asian Youth Center. I understand that the Asian Youth Center, its tutor and its staff assume no liability of any nature in relation to the transportation of the student. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my sole responsibility as the student's parent/guardian.

下面签字者是右边所列学生的家长/法定监护人：_____ 未成年，特此授权校长或者特定指派人将孩子交由委托照顾，同意作任何 X 光检查、使用麻醉剂、医疗或者手术诊断、治疗和/或者经任何持有执照医师和/或牙医建议之下为孩子提供入院治疗。我们都明白这份授权书时在任何必须的诊断、治疗或者住院之前就授予的，它授权压抑青少年中心对任何或者所有这类经由持有执照医师或者牙医所必须进行的诊断、治疗或者住院给予特殊同意。本授权书是根据加州教育法规第 49407 款而作出的，并且将会持续生效直到有递交给学区的书面废除为止。我明白学区、它的领导成员和雇员们对与将学生送院有关的任何状况并不承担任何责任。我亦了解，作为此学生的家长/监护人，由本授权书而引起的所有急救送院、住院和任何检查、X 光检查或者医疗所产生的费用将由我个人全部负责。

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”。

DOES THE STUDENT HAVE HEALTH INSURANCE? (Check One) YES NO If “yes”: Private Health Insurance Medi-Cal Healthy Families
此学生有医疗保险吗？(勾选其一) 有 没有* 如有“有”：私人健康保险 Medi-Cal – 加州医疗补助计划 Healthy Families – 健康家庭

MEDI-CAL/HEALTHY FAMILIES ID NUMBER: 加州医疗补助计划/健康家庭证件号码:

1.PRIVATE HEALTH INSURANCE NAME 私人健康保险公司名称	GROUP NO. 组合号码	2.PRIVATE HEALTH INSURANCE NAME 私人健康 保险公司名称(If covered under more than one plan) (如果有一 种以上计划保护)	GROUP NO. 组合号码
---	-------------------	--	-------------------

NAME OF DOCTOR/MEDICAL OFFICE 医生姓名 / 医疗所名称	PHONE NUMBER OF DOCTOR/MEDICAL OFFICE 医生 电话号码/ 医疗所电话号码
---	---

MY CHILD IS ALLERGIC TO THE FOLLOWING MEDICATIONS:我
的孩子对以下药物过敏:

MY CHILD CURRENTLY TAKES THE FOLLOWING MEDICATIONS: 我
的孩子目前服用下列药物:

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THIS FORM AND DO HEREBY GIVE MY AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, AND THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. 我保证我已经阅读并了解这份表格的内容，在此授权进行紧急情况医疗，并且声明，我在本表格中所提供的所有信息都是真实正确的。

SIGNATURE 签字 X _____ DATE 日期: _____

CLIENT INTAKE FORM 学生收录表

CSBG CDBG CALWORKS

Client Information 学生资料

Name 姓名: _____ Male 男 _____ Female 女 _____

Phone 电话: (_____) _____ Age 年龄: _____ Grade Level 班别: _____

Address 地址: _____

This is a Federally funded program. For reporting purposes only, please provide the following demographic information: 本辅导班由联邦出资赞助, 请在下列勾出适当的背景资料用作报告使用:

<p>Racial Background 种族背景</p> <p>Single Categories 单一族类:</p> <p><input type="checkbox"/> American Indian/Alaska Native 印第安或阿拉斯加土著</p> <p><input type="checkbox"/> Asian 亚裔</p> <p><input type="checkbox"/> Black/African American 非洲裔美国人</p> <p><input type="checkbox"/> Native Hawaiian/ Other Pacific Islander 夏威夷或其他太平洋岛民</p> <p><input type="checkbox"/> White 白人</p> <p>Double Categories 双族类:</p> <p><input type="checkbox"/> American Indian/Alaska Native AND White 印第安或阿拉斯加土著及白人</p> <p><input type="checkbox"/> Asian AND White 亚裔及白人</p> <p><input type="checkbox"/> Black or African American AND White 非洲裔美国人及白人</p> <p><input type="checkbox"/> American Indian or Alaska Native AND Black or African American 印第安或阿拉斯加土著及非洲裔美国人</p> <p><input type="checkbox"/> Other- for individuals not identified above 其他</p>
<p>Ethnic Background 族裔背景:</p> <p><input type="checkbox"/> NOT Hispanic/Spanish/Latino 非西班牙/拉丁语裔</p> <p><input type="checkbox"/> Mexican/Mexican American/Chicano 墨西哥裔/美国裔的墨西哥人/拉丁美洲裔</p> <p><input type="checkbox"/> Puerto Rican 波多黎各</p> <p><input type="checkbox"/> Cuban 古巴</p> <p><input type="checkbox"/> Other Hispanic/Spanish/Latino 其他西班牙裔/拉丁语裔</p>

<p>Housing 住房供给:</p> <p><input type="checkbox"/> Own 买房</p> <p><input type="checkbox"/> Rent 租房</p>
<p>Health Insurance 健康保险:</p> <p><input type="checkbox"/> Yes 有</p> <p><input type="checkbox"/> No 没有</p>
<p>Grievances Procedures Provided 申诉程序:</p> <p><input type="checkbox"/> Yes 有</p> <p><input type="checkbox"/> No 没有</p>
<p>Household Information 家庭资料:</p> <p><input type="checkbox"/> Female Head of Household 女性为一家之主</p> <p><input type="checkbox"/> Male Head of Household 男性为一家之主</p> <p><input type="checkbox"/> TWO Parent Family 双亲家庭</p> <p><input type="checkbox"/> Other 其它: _____</p> <p><input type="checkbox"/> Total Number in Family 家庭总人数 _____</p>

Parent/Guardian Signature 家长/监护人签字: _____

Date 日期: _____

FOR STAFF USE ONLY

Family Income Information

Extremely Low Income

Low Income

Moderate Income

Above Moderate Income

Intake Information

Date of Intake _____

Residency Census Tract _____

Type of Documentation Provided _____

Intake Date		In Crisis		Vulnerable	
-------------	--	-----------	--	------------	--

Discharge Date		In Crisis		Vulnerable		Stable		Safe		Thriving	
----------------	--	-----------	--	------------	--	--------	--	------	--	----------	--

Asian Youth Center Policy and Procedure in Services

Asian Youth Center Provides individual and family counseling services via the funding of CSBG (Community Services Block Grant) County of Los Angeles to participants who qualify for the following two criteria's:

- Residents of the Fifth Supervisorial District (please refer to the map of the Fifth Supervisorial District)
- Household income qualifies for the CSBG poverty guideline (please refer to CSBG poverty guideline,_____)

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.

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.

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.

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.

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
 - a. Uphold the grievance, or
 - b. Deny the grievance
2. Inform the grievant regarding step two if necessary.

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:

- A. Render a decision on the matter within 10days of receipt of the appeal.
- B. Inform the grievant regarding step three if necessary.

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.

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.

By signing below, I acknowledge that I have read and understood the above information, and agree to comply.

Client Signature

Date

Parent/guardian Signature

Date

Director of Education

Date

亚裔青少年中心 服务政策及程序

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辅导：

- 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（请查看社区服务补助的贫困标准，_____）

具体标准将在招收时告知学生，学生同意在招收时及每学期呈交居住及收入证明。学生亦同意服从学校在子女虐待报告、辅导合同方面的政策。这些方面的政策，学生将在招收时被告知并签署同意书。

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。

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，向项目协调人或教务长当面、打电话或书面递交申诉或投诉。

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. 收到申诉后，项目协调人或教务长应该：

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

II. 步骤二 - 执行长决定：

如果申诉人的申诉被项目协调人或教务长拒绝，申诉人可以在 10 天内向执行长上诉。执行长应该：

- A. 在收到上诉 10 天内作出决定。
- B. 如果需要，告知申诉人步骤三

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. 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。

我已经阅读并了解以上信息, 并同意遵守。特此签字证明:

学生签字

日期

家长/监护人签字

日期

教务长签字

日期

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.

Signature of Parent

Date

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

家長/監護人簽名

日期

Consent for Walking Field Trips

I grant permission for a my child(ren) to participate in walking field trips planned by the Asian Youth Center. I will be notified of these activities. (ie. Walking field trips to Smith Park) I understand that: My child’s class may be taking short field trip(s) within reasonable walking distance from AYC. The tutor(s) in charge of the trip will assume responsibility for providing reasonable chaperoning for all students taking the trip. In signing below, I give permission for my child to participate in walking field trips during the entire school year. I understand that the Asian Youth Center will provide safe and reasonable chaperoning for my child(ren) during walking activities planned by the Asian Youth Center. I hereby waive all claims against the Asian Youth Center and its employees due to any accidents or injuries during the service. Also, I will remind my child(ren) to follow pedestrian rules and safety guidelines. If my child(ren) do not follow the rules, the Asian Youth Center has the right to stop providing walking field trips for my child(ren).

Signature of Parent or Guardian

Date

短程郊游同意书

我准许我的孩子（们）参加亚裔青少年中心计划的短程郊游。我将收到关于这些活动的通知（例如短程郊游，史密斯公园等）。我的理解是：孩子的班级可能在距离亚裔青少年中心合理的步行郊游，负责形成的老师会负责所有学生旅行并提供合理的监护。在下面签字，我允许我的孩子在整个学年参加短程郊游。

我了解，在亚裔青少年中心的短程郊游过程活动计划中，亚裔青少年中心将为我的孩子（们）提供安全合理的监护。在此，我放弃所有对亚裔青少年中心及其员工在服务过程中的任何意外或上海索赔。另外，我将提醒我的孩子（们）行人规则集安全指引。如果我的孩子（们）不遵守规则，亚裔青少年中心有权停止我的孩子（们）的短途郊游。

家长/监护人签字

日期

Parking Policy:

Please see attached maps for the parking spots assigned for 100 and 232 building. The San Gabriel Business Center has made arrangements with a towing company to implement and regulate the spots. All vehicles parked illegally will be towed away at owner's expense. If your vehicle is missing, please contact ASAP Towing at [626.257.0711](tel:626.257.0711).

All AYC visitors and clients must park on the street. Parents can use the 5 minute parking spaces to pick up and drop off students. Please do not drop off your students from a moving vehicle. Please do not stop your vehicle in the driveway or street. Always park to drop off students.

Signature of Parent or Guardian

Date

停车政策:

关于亚裔青少年中心 100 和 232 的指定停车位，请参考附上的地图。为了实施和规范停车位，圣盖博商务中心与拖车公司已作出安排。所有违例停泊的车辆将会被拖走而车主自付。如果您的车辆失踪了，请尽快联络拖车公司 626.257.0711。

所有 AYC 来宾和客户，必须停车在街道上。接送学生时，家长可以用 5 分钟的停车位。请不要学生从行驶中的车辆上下车。永远要停车让学生上下。

家长或监护人签名

日期