

2025 ACT English Prep Class ACT 英语备考班

Dates 日期： Wednesdays 周三

Term 1: 2/26-4/16 (no class on 3/26)

Term 2: 4/23-6/4

Time 时间： 下午3:30-5:00 PM

Fee 費用：

\$250 - 1 term 一个学期

\$450 - both terms 两个学期

Fee waived for Pui Tak Youth After School Support Program participants. 培德青少年课輔導學生可获豁免费用。

Study Material 学习材料：

We will provide the Princeton Review ACT English Prep book. 我们将提供 ACT 英语备考书籍。

Submit to Pui Tak front desk 交给培德中心前台：

<https://tinyurl.com/pty-sp25act>



联络 **Contact:** Rebecca Wong
rebeccawong@puitak.org | 872-270-2099

Please note:

Pui Tak Center reserves the right to cancel or re-arrange any program. If the program is cancelled, the program fee will be refunded by check and can be picked up or sent by mail.

請注意:

培德中心保留取消或重新安排任何活動的權利。如果取消該活動，該活動費用將通過支票退還，並可通過郵寄領取或發送。

Info/詳情:

Rebecca Wong

rebeccawong@puitak.org | 872-270-2099

2216 S. Wentworth Ave. Chicago, IL 60616



Pui Tak Youth Program - ACT English Prep Spring 2025 Registration Form

培德青少年部2025年春季 ACT 英语備考班報名表

Please complete the form and return it with the **Registration Fee (see below)**. 請填妥表格並交報名費(見下文)

Term 1 第一学期: 2/26 – 4/16

Term 2 第二学期: 4/23 – 6/4

\$250 - one term 一个学期

\$450 - both terms 两个学期

Fee waived for Pui Tak Youth After School Support Program participants. 培德青少年課輔導學生可獲豁免費用。

I want to sign-up for: Term 1 学期一 Term 2 学期二 Both 两个学期

STUDENT INFORMATION 學生資料:

English Name 英文名字: _____ Today's Date 今天日期: _____

Chinese Name 中文名字: _____ Gender 性別: _____

Address 地址: _____ City 城市: _____ State 州: _____ Zip Code: _____

Cell Phone Number 手機號碼: _____ Home Phone Number 家庭電話號碼: _____

Additional Contact Method 其他聯繫方式 (Wechat, Facebook, Whatsapp...): _____

Email Address 電郵地址: _____ Date of Birth 出生日期: ____ / ____ / ____

Current School Attending 目前就讀學校: _____ Current Grade Level 當前年級: _____

Months/Years in US (write N/A if born in US) 在美國多久 (月/年) (如果在美國出生, 請填寫 N/A): _____

Main Language 主要語言: Cantonese 廣東話 Mandarin 普通話 English 英語 Other: _____

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I agree to give permission to Pui Tak Center, and its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Pui Tak Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Pui Tak Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

我同意授予培德中心及其代表和員工就上述主題拍攝我和我的財產的照片的權利。本人授權培德中心, 其轉讓和受讓著作權, 使用和印刷和/或電子發佈相同。我同意, 培德中心可以使用我的照片帶或不帶我的姓名和任何合法的目的, 例如照片, 例如包括多種用途, 如宣傳, 插圖, 廣告和Web內容。

Parent/Guardian Signature/家長/監護人簽名: _____

Office Use Only

Received Date: _____ \$ _____ Registration Fee Paid: Yes / No Received by: _____

Pui Tak Center Youth Program: ACT Exam Prep Spring 2025

PERMISSION & EMERGENCY RELEASE

培德中心青少年部：2025 年春季 ACT 備考

本人為 _____（“參加者”）的家長/監護人，現允許我的孩子參加培德青少年部的2025 年春季 ACT 備考（“活動”）。本人同意自己的孩子遵守在培德青少年部“活動”的程序規章。本人了解培德中心是一個以教會為基礎的社區中心和會教導“參加者”基督教價值觀和原則。本人同意孩子的照片或影像給培德中心作任何項目相關的宣傳之用。本人確認“參加者”（和“參加者”的家長或監護人，如“參加者”是未成年的話）參與上述“活動”所涉及的風險並可能導致各種損傷，包括但不限於以下內容：疾病、身體受傷、死亡，精神傷害、個人傷害、財物損失和經濟損失。

在考慮參與上述“活動”時，“參加者”（或“參加者”的家長或監護人，如果“參加者”是未成年的話）認同並接受在“活動”裡或“活動”往返交通途中可能遭致的損傷風險。“參加者”（或家長/監護人）接受在“活動”裡或“活動”往返交通途中，因任何受傷或其他損失以及“參加者”接受培德中心雇員、義工或任何其他代表（下文統稱為“活動贊助者”）給予任何醫療照護而要負的個人財務責任。對於所描述的“活動”直接或間接造成的任何傷害，無論此類傷害是由於“活動贊助者”、“參加者”的疏忽還是其他原因造成的，家長/監護人特此進一步承諾為“活動贊助者”進行辯護、作出彌償及使其免受相關損害並免除其責任。

本人明白在任何時候，培德中心及其代理人在賽事和活動裡，將採取一切合理的安全措施。本人授權認可的醫院和/或醫生在緊急情況下進行必須的醫療照護。本人明白可能發生無法預知的危險並瞭解風險的可能性。基於免責書的聲明，本人同意不會因損害、損失、疾病或受傷而要求培德中心各領袖、各雇員及義工負責任。

As parent/legal guardian of _____ (“Participant”), I give permission for my child to attend the Pui Tak Youth Program ACT Exam Prep Spring 2025 (“Activity”). In enrolling my child in the Pui Tak Youth Program’s activity described above (the “Activity”), I agree that my child will abide by the program’s rules and regulations. I understand that the Pui Tak Center is a church-based community center and will teach the Participant Christian values and principles. I give permission for Pui Tak Center to take photos of my child for Pui Tak Center and program-related publicity. I acknowledge that participation in the activity described above (the “Activity”) involves risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the parent/guardian acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by Pui Tak Center or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the parent/guardian releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I understand that all reasonable safety precautions will be taken at all times by Pui Tak Center and its agents during events and activities. I authorize any medical treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Pui Tak Center, its board, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

Parent/Guardian’s name 家長/監護人姓名: _____ Relationship與孩子的關係: _____

Parent/Guardian Signature 家長/監護人簽名: _____ Date日期: _____

Parent/Guardian Phone 家長/監護人電話號碼: _____ Emergency Phone 緊急電話號碼: _____

Parent/Guardian’s Email 家長/監護人電郵: _____

Parent’s Main Language 主要語言: Cantonese 廣東話 Mandarin 普通話 English 英語 Other: _____