



A PROGRAM OF BAY AREA COMMUNITY RESOURCES

Family Programs

Adult Evening Classes

Register from 10:00 a.m. - 5:00 p.m.
 March 5th - March 19th @ 3925 Noriega St. (at 46th)



Registration Fee:
\$20 each 8-week Fitness Class
\$30 each 8-week Art Class
**Limited number of scholarships available for those with financial hardship.
 Drop-in programs are free.*

• Enrollment for classes is first-come, first-served.
 • Spring Session Classes are at:
A.P. Giannini Middle School
3151 Ortega @ 38th Ave.
• SPRING SESSION RUNS FROM
MARCH 19th - JUNE 1st
 • Out of respect for Instructors and fellow participants,
students are expected to arrive on time.



8-WEEK PROGRAMS
NO CLASS THE WEEK OF 3/26-3/30
3/19 - 5/18

DAY	PROGRAM / CLASS / ACTIVITY	TIME
TUESDAY	[YOGA] Beginning Yoga	7:00 - 8:30PM
WEDNESDAY	[ART] All-Levels Acrylic Painting	7:00 - 8:30PM
THURSDAY	[YOGA] All-Levels Yoga	7:00 - 8:30PM

FREE DROP-IN PROGRAMS
NO CLASS THE WEEK OF 3/26-3/30
3/19 - 6/1

DAY	PROGRAM / CLASS / ACTIVITY	TIME
TUESDAY	Chinese Line Dance	6:30-8:30PM
WEDNESDAY	Community Tai Chi	6:45-8:30PM
THURSDAY	Chinese Line Dance	6:30-8:30PM

For more information visit www.snbc.org or call (415) 755-2342



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Family Programs

成人晚間課程

登記日期由3月5日至3月19日

上午10:00至下午5:00在3925Noriega街夾46街



春季課程:

春季健身課- \$20每8週課程

春季藝術課- \$30每8週課程

*我們提供有限的助學金給予有財政困難的人仕

· 報名以先到先得進行直至額滿即止

· 課程設在A.P.Giannini初中學，
3151Ortega街夾三十八街.

· 春季課程由3月19日至6月1日

· 學生請準時到達及勿遲到超過十分鐘，
你可能會被拒於門外



8-WEEK PROGRAMS

(沒有課 3月26日~3月30日)

3/19 - 5/18

日期	計劃 / 課程 / 活動	時間
星期二	[YOGA] 初級瑜伽	7:00 - 8:30PM
星期三	[ART] 各級丙烯畫	7:00 - 8:30PM
星期四	[YOGA] 各級串聯瑜伽	7:00 - 8:30PM

免費 & 隨時加入

(沒有課 3月27日~3月31日)

3/9 - 6/1

日期	計劃 / 課程 / 活動	時間
星期二	鳳凰飛健舞社	6:30-8:30PM
星期三	社區太極	6:45-8:30PM
星期四	鳳凰飛健舞社	6:30-8:30PM

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A PROGRAM OF BAY AREA COMMUNITY RESOURCES

Sunset Neighborhood Beacon Center
3925 Noriega Street @ 46th Avenue
415-755-2342 www.snbc.org

SNBC Adult Evening Programs Spring 2018 Registration Form

Participant Information

*Please complete ALL sections neatly in English. 請徹底整齊的用英文填寫。 Today's Date MM/DD/YY 今天日期: ____/____/____

First Name 名字: _____ Last Name 姓氏: _____

Birthdate 出生日期 (MM月/DD日/YY年): ____/____/____ Gender 性別: Male 男 Female 女

Street Address 地址: _____ City 城市: _____ Zip Code 郵遞區號: _____
Home Phone # 住家電話: (____) _____ - _____ Cell Phone# 手機電話: (____) _____ - _____

Are you a family member of a student at A.P. Giannini Middle School? Yes 是 No 不是

Email Address 電子郵件: _____

Would you like to be added to SNBC's mailing list to stay informed on upcoming news, schedules and community events?
你是否希望加入SNBC的郵寄名單, 定期收到 SNBC 的新聞, 社群活動以及 SNBC 的課程表嗎? Yes 要 No 不要

Do you currently have any children under the age of 17? 你目前有17歲以下的兒童嗎? Yes 有 No 沒有

Race/Ethnicity (Please select all that apply) 種族/請選擇

- | | | |
|--|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino – Mexican/Mex. Amer. | <input type="checkbox"/> Pacific Islander – Guamanian |
| <input type="checkbox"/> Other Black: _____ | <input type="checkbox"/> Hispanic/Latino – Caribbean | <input type="checkbox"/> Pacific Islander – Hawaiian |
| <input type="checkbox"/> Asian – Chinese 中國人 | <input type="checkbox"/> Hispanic/Latino – Central American | <input type="checkbox"/> Pacific Islander – Tongan |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Hispanic/Latino – South American | <input type="checkbox"/> Pacific Islander – Samoan |
| <input type="checkbox"/> Asian – Filipino | <input type="checkbox"/> Hispanic/Latino – Other _____ | <input type="checkbox"/> Pacific Islander – Other _____ |
| <input type="checkbox"/> Asian – Japanese | <input type="checkbox"/> Middle Eastern – Arab | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian – Korean | <input type="checkbox"/> Middle Eastern – Iranian | <input type="checkbox"/> *Multiracial – select all boxes that apply |
| <input type="checkbox"/> Asian – Thai | <input type="checkbox"/> Middle Eastern – Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asian – Vietnamese | <input type="checkbox"/> Native American | |
| <input type="checkbox"/> Asian – Other _____ | <input type="checkbox"/> Native Alaskan | |

Participant Language 主要語言

English Fluency 英語度: Fluent 流暢 Somewhat 有點流暢 Not Fluent 不流暢

Primary Language 主要語言:

- | | | |
|--|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cantonese 廣東話 | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mandarin 國語 | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Toishanese 台山 | <input type="checkbox"/> Laotian | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Russian | |

Emergency Contacts 緊急聯絡號碼

Name 名字: _____

Name 名字: _____

Relationship to you 關係: _____

Relationship to you 關係: _____

Home Phone 住家電話: (____) _____

Home Phone 住家電話: (____) _____

Cell Phone 手機 電話: (____) _____

Cell Phone 手機 電話: (____) _____

PLEASE FILL OUT BOTH SIDES 請填寫前面和背面 >>>>

Waiver

Waiver of Liability

This form must be signed by the participant/parent/guardian.

I, the undersigned, know of no physical disorder that could keep me from participating in this program. I waive any claim of liability against, and agree to hold harmless Bay Area Community Resources (the lead agency of SNBC), Sunset Neighborhood Beacon Center, San Francisco Unified School District and any officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by the Sunset Neighborhood Beacon Center.

Further, if said participant should become injured while participating in a program, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgement, may be necessary.

I give permission for any photograph of, quote from, or video of said participant, obtained during normal Beacon activities, to be used in informational material for the Sunset Neighborhood Beacon Center and/or its affiliates.

I may be asked to fill out surveys and participate in discussions about my experiences at the Sunset Neighborhood Beacon Center. I agree to allow the evaluators to look at my surveys only for the purposes of evaluation. All information will be confidential and my name will not be used.

Participant Expectation

As a member of a class you are a partner with the SNBC. You are an important part of SNBC. As a member, we ask that you follow these expectations:

- ✓ **Attend your class activities**
- ✓ **If you cannot attend, let SNBC know**

I agree to follow these rules and expectations. I understand that I am a partner and if I do not honor this agreement, I may not be able to participate in SNBC activities.

Signature of Participant: 簽名

Please Print Name 名字

____/____/____
Date 日期

- ◆ **Please indicate any illness, allergies or medications to be aware of:**