

2014 暑期橙縣數位學習中心數位華語文師資培訓報名表

一、 報名/培訓時間 (請於開課日期7天以前報名)

實體數位課程 (face to face)

所有的實體課程上課時間都是從週六上午9點到下午4點 (中午有一個小時的午餐休息時間,請自備午餐)。

課程名稱	講師	助教	培訓日期
文化融入課程的互動教學	盧業珮老師	高純幸老師	6/28/14
主題式教學:21世紀課程			
-教學-評量的設計	戚其娟老師	柯卉蓁老師	7/12/14
沉浸式教學慨論	鄒仲綱老師	高純幸老師	7/19/14
雲端 Moodle 課程	陳克曼老師	柯卉蓁老師	7/26/14
翻轉吧-超越教室,			
點亮學習的心燈	朱小蓉老師	朱哲妤老師	8/9/14
以 Web. 2.0 免費網站工具			
營造沉浸式教學環境	林韶慧老師	朱哲妤老師	8/16/14

二、 報名方式

請上 www.irvinechineseschool.org 下載報名表, 填妥後請用以下方式 繳交報名表

E-mail: tracyw@sccca.us

傳真: 949-559-9922

地址: 9 Truman, Irvine, CA 92620 若有報名問題, 請洽: Tracy Wang

(949) 559-6868 ext. 572 or tracyw@sccca.us



三、 報名費 \$15/per course

一. 注意事項

每一位學員都需於上課前完成註冊手續、繳費、及簽 liability waiver forms。

- 二. 取消上課需於 24 小時前以 E-mail 或電話 (949) 559-6868 ext. 572 通知 Tracy, 否則不退費。
- 三. 報名費不包含午餐,請自備午餐。 若有課程問題,請洽: 陳克曼經理 (949) 653-1205 or kermankwan@sccca.us



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Please print clearly and fill out completely. This Registration Form with a payment must be received prior to the class start date. Checks should be made payable to SCCCA.

STUDENT INFORMATION Last Name: First Name: Chinese Name: Gender: Male Female [CONTACT INFORMATION] Address: _____ City: _____ State: Zip Code: Home Phone: _____ Work/Cell Phone: _____ E-Mail: [EMERGENCY CONTACT] Last Name: _____ First Name: _____ Home Phone: ______ Work/Cell Phone: _____ [COURSES] 9 am – 4 pm COURSE DATE

FEE 文化融入課程的互動教學 講師:盧業珮老師,助教:高純幸老師 6/28/2014 主題式教學:21世紀課程-教學-評量的設計 講師:戚其娟老師,助教:柯卉蓁老師 7/12/2014 沉浸式教學慨論 講師:鄒仲綱老師, 助教:高純幸老師 7/19/2014 雲端 Moodle 課程 7/26/2014 講師:陳克曼老師,助教:柯卉蓁老師 翻轉吧-超越教室,點亮學習的心燈 講師:朱小蓉老師,助教:朱哲妤老師 8/9/2014 以 Web. 2.0 免費網站工具營造沉浸式教學環境 講師:林韶慧老師,助教:朱哲妤老師 8/16/2014 GRAND TOTAL



Waiver for Participation and Release of Liability

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the SCCCA/ICS and its officers, clients, agent and employees from and against any and all liabilities, claim losses, penalties, losses, or expenses (including attorney's fee), of any kind or nature whatsoever related to bodily injury. Property damage or any other form injury or loss to myself (and to any minor children for whom I have the capacity to contact) caused by any negligent or intentional act or omissions of the SCCCA/ICS, or its officers, clients, agents or employees arising out of in any way related to participation in the activity to which I (and minor children for whom I have the capacity to contact) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for minor participants for whom I can contact.

I give permission to the SCCCA/ICS to take photograph and video taping of my or children while participating in this activity for use in future SCCCA/ICS publicity and understand that I will not receive any compensation for such use.

I certify that I have read and understand this waiver and release As it applies to myself and to any minors for whom I am signing.

X	Date
	(Parent or guardian must sign for participants under 18 years of age)