



羅省華人宣道會

Los Angeles Chinese Alliance Church of C&MA

320 Cypress Ave., Alhambra, CA 91801 • Tel: 626-300-9078

暑期兒童聖經班註冊表

Vacation Bible School Registration Form (Grade from Pre-K to 6th)

One form for each child 每人一份 Registration Deadline: June 30, 2013 截止日期: 2013年6月30日

Registration Date註冊日期 _____

Name 英文名: _____ 中文名 _____
Last First Middle

Gender 性別: Boy 男 Girl 女 Birthday 出生日期: _____

Name of the school you attend 學校: _____ Grade Completed 級別(讀完): _____

Address 住址: _____
Street City Zip

Phone電話: _____ Name of the church you attend 教會: _____

Have you accepted Christ as your Savior? 信主? Yes 是 No 否

How did you hear about the Vacation Bible School? 你怎樣聽聞暑期兒童聖經班?

Through a friend 朋友介紹 Returning Student 曾參加過聖經班 Banner 廣告 other 其它 (specify 請註明): _____

Please mark the day(s) that your child will come to dinner 孩子參加晚餐嗎? 請按日期顯示X號

Sun. 星期日 (7/7) Mon. 星期一 (7/8) Tues. 星期二 (7/9) Wed. 星期三 (7/10) Thur. 星期四 (7/11)

Is your child allergic to any food? 你的孩子有食物過敏症嗎? No 沒有 Yes 有

If yes, please specify. 若有, 請註明 _____

Is your child taking any medication? 你的孩子正在用藥嗎? No 沒有 Yes 有

If yes, please specify. 若有, 請註明 _____

THE CHURCH STAFF MAKES EVERY EFFORT TO PROTECT ALL STUDENTS BUT DOES NOT ASSUME ANY LIABILITY FOR INJURY

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the church to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Name of Physician 醫生姓名 _____ Phone電話 _____

Address 住址: _____
Street City Zip

Insurance Co. 保險公司 _____ Subscriber's Number 醫藥保險號碼 _____ Group Number _____

Person to contact in case of an emergency, when the parent(s) cannot be reached. 意外時, 聯絡

Name姓名 _____ Phone電話 _____

Name姓名 _____ Relationship關係 _____ Phone電話 _____

Name姓名 _____ Relationship關係 _____

FREE TO EVERY STUDENT

Signature家長簽名 _____ Name家長姓名 _____
Relationship關係 _____ Please Print請用正楷

REMARKS備註