



# VACATION BIBLE SCHOOL 2015

July 19-July 23, 6PM-9PM, Preschool - 6<sup>th</sup> Grade 暑期聖經班註冊表

Registration Deadline 截止日期: July 12, 2015



Student Name 英文名: \_\_\_\_\_ Nickname: \_\_\_\_\_

First

Last

Gender 性別:  Boy 男  Girl 女 Birth Date 出生日期: \_\_\_\_\_ T-Shirt Size: YS YM YL S M L

School 學校: \_\_\_\_\_ Grade Completed 級別(讀完) \_\_\_\_\_

Parent/Guardian Name 家長/監護人: \_\_\_\_\_ Relationship 關係 \_\_\_\_\_

Cell Phone 手機: \_\_\_\_\_ Home Phone 電話: \_\_\_\_\_

Email Address 電郵地址: \_\_\_\_\_

Address 住址: \_\_\_\_\_

Street

City

Zip

How did you hear about our Vacation Bible School? 你怎樣聽聞暑期聖經班?

Through a friend 朋友介紹  Returning student 曾參加過聖經班  Other 其它(specify 請註明): \_\_\_\_\_

## Health Information 體康資料

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 \_\_\_\_\_

Name of Physician 醫生姓名 \_\_\_\_\_ Phone 電話 \_\_\_\_\_

Insurance Co. 保險公司 \_\_\_\_\_ Subscriber's No. 醫藥保險號碼 \_\_\_\_\_ Group No. \_\_\_\_\_

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

Name 姓名 \_\_\_\_\_ Relationship 關係 \_\_\_\_\_ Phone 電話 \_\_\_\_\_

## Medical, Liability and Media Release

**The Church Staff will make 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 on this form 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.

By checking here, I deny LACAC permission to use photographs/video taken of my child for editorial, advertising, and promotional purposes for use in any print or electronic media.

I understand that I am signing for the minor listed on this form and the signature is for medical, liability and media release purposes.

\_\_\_\_\_  
Parent's/Guardian's Signature 家長/監護人簽名

\_\_\_\_\_  
Date 日期

Los Angeles Chinese Alliance Church of C&MA 羅省華人宣道會

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