



VACATION BIBLE SCHOOL 2017



July 16-July 18, 6PM-8:00PM, Preschool - 6th Grade 暑期聖經班註冊表

Registration Deadline 截止日期: July 9, 2016

Student Name 英文名: _____ Nickname: _____
First Last

Gender 性別: Boy 男 Girl 女 Birth Date 出生日期: _____

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 請注明): _____

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