

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

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

Vacation Bible School Registration Form (Grade from Pre-K to 6th) 兒童暑期聖經班註冊表

One form for each child 每人一份 Registration Deadline: July 13, 2014 截止日期: 2014年7月13日

Parent/Guardian Name 家長/監護人: _____ Relationship 關係: _____

Address 住址: _____

Street

City

Zip

Cell Phone 電話: _____ Phone 電話: _____

Name of the church you attend 教會: _____

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 請注明): _____

Student Name 英文名: _____ nick name 中文名: _____

Last

First

Middle

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

Name of the school child attends 學校: _____ Grade Completed 級別(讀完) _____

Has student accepted Jesus as their Savior? 信主? Yes 是 No 否

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 (7/20) Mon 星期一 (7/21) Tue 星期二 (7/22) Wed 星期三 (7/23) Thu 星期四 (7/24)

Health Information 體康資料

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. _____

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: _____

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

Name 姓名 and Relationship 關係: _____ Phone 電話: _____

Parent Medical, Liability and Media Release

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.

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.

勾選此方格表示我不同意羅省華人宣道會在任何印刷品或電子媒體上使用本人子女的相片/視訊作編輯, 宣傳和推廣之用。

I understand that I am signing for the minor listed on this form and the signature is for medical, liability and media release purposes. 本人明白, 代子女所簽署的條例和簽名是作為醫療、刑責和媒體授權之用途。

(*English is the official language, Chinese is just a translation. 以上中文只供參考, 一切內容以英文版本為準。)

Parent's/Guardian's Signature 家長/監護人簽名 _____

Date 日期 _____