## 三谷基督徒会堂 儿童主日学 / 主日崇拜报名表

CCIC-TV Sunday Children Registration Form 09/2013-06/2014

9:30AM-10:45AM Children Sunday School / Preschool Sunday School 11:15AM-12:15PM Children Sunday Worship / Preschool Sunday School

I have read and agree to the terms and conditions stated above

Signature

5064 Franklin Dr.
Pleasanton, CA 94588
Tel: (925) 467-1580
E-mail: children@ccictv.org

<b>學生實料</b> Student Information 中文姓名		First Name Last Name		
生日 Birthday (mm/dd/yy)		性別Gender	Ť	年級Grade as of 9/2013
		男M 女 F		
家庭住址 Home Address (Street Address)		City	Zip	家庭電話 Home Phone
过敏 / 医疗情况Allergio		1_	Special Needs/Care?	
			<b>是</b> Yes	否No
所属教会Family Church		Regularly Attending Sunday School		
		<b>是</b> Yes	否No	
父母 / 监护人信息Pare	nt/Guardian	•		
<del>及母/血》八月恋/ dre.</del> 母亲中文姓名	Mother's English Name	父亲中文姓》	 名	Father's English Name
Email Address		Email Address		
是否基督徒Christian Mom's Cell Phone:		是否基督徒Christian Dad's Cell phone		
	Monts Cell Frione.			·
段房/II/A/A/A	[f	ļ		I
醫療保險信息 Insurance ]		殿山力秘 D.	1	医克什特特 D. L. A. J.
Insurance Company & ID	Person Insured	醫生名稱 Ped	aeatritian	醫生地址 Dr.'s Address
	这里填写姓名电话以及关系If gua	<u> </u>	ormation here	e(name, cell & relationship)
	<u></u>	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(除父母外)授权接送。	人Persons (other than parents) a	authorized to pi	ck up:	
	(caror alam parolla) a	.ao200 to pi	on up.	
(除父母外) 緊急联系	人Emergency contact (other thar	n parents) nam	e and phone #	 #:
	, , , , , , , , , , , , , , , , , , , ,	, , , ,	<b>-</b>	
Terms and Conditions				
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· ·	children may participate in physical activit iis risk and hold harmless from any legal			
· · · · · ·	cy that requires medical treatment for the	-		
	my emergency contact. However, if I/we			•
	ces of a licensed physician to provide the nected to any accident or treatment of my	•	or my child's well b	being. I assume
	and the same of the same of the same of the	,		

I understand that Upon typing my name in the Signature Box I Signed the said document.

**Date**