

三谷基督教会堂 儿童暑期主日圣经夏令营报名表

CCIC-TV Children Summer Sunday VBS Registration Form

VBS Calendar : June 2 - Aug. 25

Date and Time: Sunday, 9:30-12:15

Material Fee: \$10 (include T-shirt etc.) (Cash only please)

Age Requirement: Current Kindergarteners to 6th graders



Vacation Bible School

5064 Franklin Dr.

Pleasanton, CA 94588

Tel: (925) 467-1580

E-mail: children@ccictv.org

學生資料 Student Information

Last Name		First Name	
生日 Birthday (mm/dd/yy)		性別 Gender 男 M <input type="checkbox"/> 女 F <input type="checkbox"/>	年級 Grade as of 6/2013
家庭住址 Home Address (Street Address)		City	Zip
		家庭電話 Home Phone	
过敏 / 医疗情况 Allergies/Medical Conditions		Special Needs/Care? 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	
所属教会 Family Church		Regularly Attending Sunday School 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	

父母 / 监护人信息 Parent/Guardian

母亲姓名 Mother's Name		父亲姓名 Father's Name	
Email Address		Email Address	
是否基督徒 Christian 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	Cell Phone:	是否基督徒 Christian 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	Cell phone

如果不是父母亲, 请在这里填写姓名电话以及关系 If guardian, enter information here (name, cell & relationship)

(除父母外) 授权接送人 Persons (other than parents) authorized to pick up:

(除父母外) 紧急联系人 Emergency contact (other than parents) name and phone #:

Terms and Conditions

1) I understand that my child/children may participate in physical activities during game time. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, CCIC-TV and any persons involved in the VBS Program

2) In the event of an emergency that requires medical treatment for the above named child/children, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to the VBS volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

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

Signature

Name

Date