

Chinese for Christ Church of San Jose 聖荷西中華歸主教會
4255 Williams Road, San Jose, CA 95129
Tel: (408) 725-8733
2011 Vacation Bible School (July 25th- July 29th, 2011)
Registration Form 報名表

Time: 9:00am -12:00pm, (1/2 day) 9:00 am. – 5:00 pm (full day) for 5 - 11 years (kindergarten to 5th grade), **\$40 per child /\$110 for full day program**

Student's Name (學生姓名): _____

Parent's Name (家長姓名): _____

Birth Date (出生日期): _____ Current Grade: _____ Gender 性別: M 男 F 女

Home Address (地址): _____ Zip: _____

Home Phone (住家電話): _____ E-mail: _____

Emergency contact (緊急聯絡人): _____ Tel: _____

Medical Insurance Company (保險公司): _____

Policy Number/Family Account Number (保險號碼): _____

Medical Doctor Name (醫生姓名): _____ Tel: _____

Allergy (food/ drug)(過敏食物或藥物): _____

Home Church, if applicable (所屬教會): _____

Check if you are not associated with/attending any church (慕道友 請在此打勾)

If applicable, name of the person who invited you to come (介紹的朋友): _____

Regulations (注意事項)

****All students must follow the VBS rules and arrive and leave on time.**所有學生必須遵守本教會規則及準時上下課

****All students must follow all instructions from the teachers, staffs, and leaders. Parents may be called to pick up their child for persistent violations.** 遵守老師和助教們的指示, 若您的小孩行為有違規不能配合我們老師或助教的指示, 我們有可能與您聯繫請您將小孩帶回。

****Registration officially closes on July 8th, 2011; 報名於七月八日止**

Please send the completed registration form with a check (payable to CFCCSJ) to the above address and to the attention of VBS請填好報名表, 連同支票寄回本教會(住址如上), 請註明VBS 收。

I, the undersigned parent or guardian, do hereby agree to allow the above named child to participate in the CFCCSJ VBS Program. I agree to release and hold Chinese for Christ Church of San Jose and its principals, employees, and agents harmless from any and all liabilities, claims, injuries, damages, losses arising from or in any connection with any such participation.

本人願將子女委託照顧, 如有任何事件發生, 教會及教會行政, 義工, 受顧人員等, 均無需負任何法律及刑事責任。

Parent's signature (家長或監護人簽字): _____ Date(日期): _____

-----**For office use only**-----

Accepted by: _____ Fee: _____ Check No. _____ Group: _____

