



費斯可基督徒中國教會兒童事工報名表
Frisco Community Bible Church Children Program Registration Form

Children Information

Child's Name 兒童姓名(English): _____ (中文): _____

Date of Birth 出生日期: _____ Grade年級: _____

Language your child most comfortable with 孩子習慣那種語言:

English 英語 Mandarin 國語 Cantonese 粵語 Other 其他 _____

Program Information

Please check all apply 請填上所有適合的

Sunday School 主日學: 1st service 第一堂崇拜 2nd service 第二堂崇拜 Both service 兩堂崇拜

Check the applicable class below 班級:

Nursery Toddler Preschool K-1st Grade 2nd-3rd Grade 4th-6th Grade

2009-2010 Awana Program

2010 Summer Program

Parents Information

Father's Name 父親姓名(English): _____ (中文): _____

Is father a Christian? 父親是基督徒嗎? Yes No

Mother's Name 母親姓名(English): _____ (中文): _____

Is mother a Christian? 母親是基督徒嗎? Yes No

Address 地址: _____

Email address 電郵: _____

Phone Number 電話: _____

Emergency Information

First Emergency Contact Person 第一緊急聯絡人 _____

Phone 電話: _____

Second Emergency Contact Person 第二緊急聯絡人 _____

Phone 電話: _____



Medical Information

Medical Insurance Carrier: _____ Policy #: _____

Medical Center: _____ Location: _____

Allergies/ Other health concerns:

Medical restrictions or allergic reactions due to medications:

Medical Authorization

Should it be necessary for my child to have medical treatment while participating in a church activity, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of the hospitalization and medical treatment.

In addition, I will not hold the Frisco Community Bible Church, its pastoral staff, deacon board, counselors, and any volunteer leader, responsible in the event of any other emergency involving my child.

Notes:

- 1) This form is renewed on a yearly basis. It is effective from September 1st, 2009 to August 31st, 2010. However, if any changes occur throughout the year a new form must be completed.
- 2) This medical authorization will be used only if parents or guardians cannot be reached during a medical emergency.

Parent's or Guardian's Signature

Date

Parent's or Guardian's Signature

Date