



OFFICE USE ONLY		
DATE REGISTERED	ASSIGNED CLASS	NOTES

First Chinese Baptist Church, Los Angeles

CHILDREN'S MINISTRY REGISTRATION (Nursery to 5th Grade)

羅省第一華人浸信會兒童事工註冊表格(育嬰部至五年級)

942 Yale Street
Los Angeles, CA 90012
213.687.0814 | 213.375.3999 Fax
www.fcbc.org
FORM VALID (有效日期) : 8/1/18 – 9/1/19

Name of Child: First _____
子女姓名 名

Last: _____
姓

Birthdate: _____
出生日期

Address: _____
地址

City: _____ Zip: _____
城市 郵區號碼

Home Phone: _____
住宅電話

Parent's Email: _____
父母電郵地址

Grade Level (Aug. 2018): Nursery Preschool/Kindergarten
八月份就讀年級 育嬰部 學前班/幼稚園

1st 2nd 3rd 4th 5th

Gender: Male Female
性別 男 女

Father/Guardian: _____
父親/監護人資料

Emergency Phone/Cell: _____
緊急電話(手機)

Mother/Guardian: _____
母親/監護人資料

Emergency Phone/Cell: _____
緊急電話(手機)

Language Spoken at Home: _____
在家使用的語言

SECONDARY CONTACT/AUTHORIZED ADULT (PREFERABLY A RELATIVE) 緊急聯絡人/授權成人(最好是親屬身份)

If the child's PRIMARY CONTACT cannot be reached, the SECONDARY CONTACT/ AUTHORIZED ADULT will be contacted. The authorized adult must be 18 years of age or older. 在緊急情況下，第一華人浸信會將儘可能通知家長或監護人。如果無法與家長或監護人取得聯絡，我們將會聯絡本部份中的指定緊急聯絡人/授權成人，而授權人必須年滿 18 歲或以上。

Name 姓名	Relationship to child 與子女關係	Emergency Phone/Cell 緊急電話(手機)
Name 姓名	Relationship to child 與子女關係	Emergency Phone/Cell 緊急電話(手機)

CHILD'S MEDICAL INFORMATION 子女醫療資料

First Chinese Baptist Church of Los Angeles is not a medical treatment facility. Medical services are not provided; and the teachers, assistants and workers are not medically trained practitioners. 羅省第一華人浸信會並非是一間醫務所，所有的老師、助理及工作人員也沒有接受過醫療訓練，故此羅省第一華人浸信會絕對不會提供任何醫療服務。

Medical conditions i.e., asthma, diabetes, allergies and/or allergic reactions (if none, write "none") 醫療紀錄包括哮喘，糖尿病，敏感及敏感症狀(若沒有請寫上「無」)

List all medications your child now takes (if none, write "none") 列出你兒女現服食的藥物(若沒有請寫上「無」)

Health Insurance (if none, write "none") 健康保險公司名稱(若沒有請寫上「無」)

PLEASE COMPLETE OTHER SIDE 請完成另一頁

PARENT/GUARDIAN LOCATION 家長在教會所在地

	Worship Center 崇拜中心	Life Center 生命中心	Hall of Truth 聖道樓	Praise Center 讚美中心	Not at Church 不在教會	Other 不在教會
Nursery, Preschool/Kinder, 1st to 5th Grade 育嬰部，學前班／幼稚園，一至五年級						
Sunday School: 1 st Session (9:00am to 10:15am) 主日學：第一堂 (上午 9 時至 10:15 分)						
Sunday School: 2 nd Session (10:15am to 12:00pm) 主日學：第二堂 (上午 10:15 分至中午 12 時)						
Special Programs 主日學中文青年學生團契						
1st to 5th Grade 只限一至五年級						
Friday Night Boys/Girls Club (7:30pm to 9:00pm) 週五晚少男團／少女團 (晚上 7:30 分至 9 時)						
CSYF (2 nd & 4 th Saturdays) 週六中文青年學生團契 (每月第二及四個週六)						
CSYF (Sunday) 主日學中文青年學生團契						
<p>SUPERVISION DISCLOSURE 照顧未成年人: Supervision of minors begins 15 minutes before the start of the church activity and ends 15 minutes after the stated end time of the church activity. Please ensure that your child is picked up promptly. 教會只為活動前 15 分鐘及活動結束後 15 分鐘提供未成年人照顧服務。敬請家長們準時接回你的子女。</p>						
<p>PHOTO DISCLOSURE 照片授權書: Photos of minors are sometimes used in the publicity promos of the church. These photos may appear in printed brochures and on the church's internet website. Parents concerned about this are directed to speak to the Children's Minister. 兒童照片可能會被刊登在教會刊物及網頁作宣傳用途。若家長有任何疑問，請與兒童事工傳道聯絡。</p>						
<p>EMERGENCY MEDICAL RELEASE 醫療授權書: If my child needs medical treatment while participating in these Church activities, I give the adult in charge permission on my behalf to secure hospitalization or medical services deemed necessary by the physician. I absolve said Church and its personnel from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that the Church has no medical insurance and any medical costs shall be my sole responsibility. 本人茲授權此次活動中之成人負責人，在有醫療需要時，按照醫生之判斷，為小兒／女選擇醫院、醫療服務，並進行必須及適當之醫療措施。如有任何出錯，一切後果與教會及負責人無關。本人明白羅省第一華人浸信會沒有購買醫藥保險，故一切醫療費用，一概由本人獨力承擔。</p>						
<p>PERMISSION RELEASE 授權書： I give my child (named above) permission to attend First Chinese Baptist Church, Los Angeles ("Church"). My signature indicates my understanding and acceptance of the supervision disclosure, photo disclosure and emergency medical release. This is applicable to any FCBCLA Children's Ministry program that my child attends, including special programs. 我准許我的兒女(在上面第一條線之名字)參加羅省第一華人浸信會的各項活動，包括特別活動。我的簽名表示我明白，並接受監管，使用照片及接受緊急醫療服務。</p>						
<p>X _____ Signature of Parent or Guardian 家長或監護人簽名</p>						
_____			_____		_____	
Print Name of Parent or Guardian 家長或監護人姓名			Date 日期			