

CHILDREN'S MINISTRY REGISTRATION FORM 羅省第一華人浸信會兒童事工註冊表格

Form Valid: 08.2019-09.2020

Family Information

Address 地址: _____

City 城市: _____ State 州: _____ Zip 郵區號碼: _____

Primary Home Language 在家使用的語言: English 廣東話 普通話 Other: _____

Father/Guardian 父親/監護人資料

Mother/Guardian 母親/監護人資料

Name 姓名: _____

Name 姓名: _____

Cell Phone 手機: _____

Cell Phone 手機: _____

Email 電郵地址: _____

Email 電郵地址: _____

Parent attends FCBCLA: Y / N

Parent attends FCBCLA: Y / N

A parent or primary guardian MUST be present on the FCBCLA campus for children in our infant through P4 (4-year old) classes

Additional Emergency Contacts

If parents/guardians cannot be reached, emergency contacts will be used as needed. Emergency contacts must be over 18 years of age.

Name	Phone No.	Relation to child

Information for Authorized Adults

Fill out this box if an authorized non-parent/guardian adult brings the child to church (e.g. driver)

Name: _____ Cell Number: _____

Attends FCBCLA: Y / N

In the event of an emergency:

Is AA related to child? Y / N

Contact AA before/in addition to parents

Contact AA only, do NOT contact parents

If yes, relation to child: _____
與子女關係

Contact parents only, do NOT contact AA

X _____ /_____/_____
Signature of authorized adult Print name of authorized adult Date

Child's Information

Last Name 姓氏: _____ First Name 名字: _____

Nickname 英文名: _____ Birthday 出生日期: _____ Gender 性別: M 男 F 女

Grade Level/几月份就讀年級:

_____ Infant 嬰兒 _____ T1 (18+ mo.) _____ T2 (9/16-8/17) _____ P3 (9/15-8/16) _____ P4 (9/14-8/15)

_____ Kindergarten 幼兒園 _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

School (if applicable): _____

Child's Medical Information 子女醫療資料

Allergies, medical conditions, special needs (e.g asthma, diabetes, ADHD, autism) -- if none, write "none"

~~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」)

Medications used for allergies and medical conditions (e.g epipen, inhaler, benadryl, ritalin) -- if none, write "none"

~~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」)

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. **FCBCLA is not responsible for any unsupervised incidents. I understand that it is my child's responsibility to stay in the designated activity location(s) and the Church is not responsible for incidents that happen if my child willingly decides to leave the designated location or church campus.** 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。

PHOTO DISCLOSURE 照片授權書: I understand that photos of my minor(s) may be used as part of a publicity promotion for FCBCLA. **Use of these photos may include but are not exclusive to printed brochures and the Church's website.**

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。

EMERGENCY MEDICAL RELEASE 醫療授權書: **FCBCLA is not a medical treatment facility. Teachers, assistants and staff are not medically trained practitioners.** 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. 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。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。

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。

X _____ / _____ / _____
Signature of parent/guardian 家長或監護人簽名 Print name of parent/guardian 家長或監護人姓名 Date 日期