

和平台福基督教會 Evangelical Formosan Church of Alhambra

兒童資料登記表 Child(ren) Registration Form

Today's Date (M/D/Y): ___/___/_____ 每家請填一份 To be filled by each family

Child's English Name (Last, First)	兒童中文姓名	生日 Date of Birth (M/D/YYYY)
[1]		___/___/_____
[2]		___/___/_____
[3]		___/___/_____

父母親(或監護人)資料 Parents'/Guardian's Information

Father's name: _____ Phone#: () _____

Mother's name: _____ Phone#: () _____

-OR- Guardian's name: _____ Relationship: _____ Phone#: () _____

住址及電郵地址 Residence and Email Address

Address: _____

City: _____, California, ZIP Code: _____

Email: _____@_____

Who are allowed to pick up child(ren)? 有誰可以接走您的孩子?

Parents

Other(s) (Please list name(s) and relationship): _____

您通常參加 Which Church Service do you (Parent/Guardian) attend?

臺語崇拜 (Taiwanese) 11:00 ~ 12:30

華語崇拜 (Mandarin) 09:40 ~ 11:10

英語崇拜 (English) 10:00 ~ 11:30

其他 None of the Above

緊急聯絡人 Emergency Contact

Persons to be contacted in case of a parent/guardian cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

家庭醫生與身體特殊需要 Family Doctor and special Health Concerns

Physician's Name: _____ Phone: _____

Allergies _____

Medical condition, physical or developmental challenge Children's Ministry should be aware of to meet your child's needs while participating in our programs:

Special needs or restrictions _____

Accommodations Requested _____

委託授權書 Authorization and Release

I, the parent/guardian of _____, a minor, hereby authorize the director or adult leader or caregiver of the Children's Ministry Department, to act on my behalf while I am absent, and consent to any x-ray examination, medical, dental or surgical diagnosis, medical treatment, and hospital care advised and administered by emergency personnel or health care providers. A representative of Evangelical Formosan Church of Alhambra (EFCA) will attempt to contact me.

I hereby release EFCA, its staff, teachers, agents and advisors, from responsibility and liability for any injury or illness that my child may sustain or from any claims, causes of action or demands that may arise in connection with my child's participation in Children's Ministry programs and EFCA officially sponsored activities, for any reason, including, but not limited to, claims of negligence of third parties in connection with, related to or as a result of any of these activities. This authorization shall remain in effect until revoked in writing and delivered to the authorized agents of EFCA.

By my signature below I also give EFCA permission to use, reprint and produce any photographs or videos taken of

my child during his/her participation in church activities. I understand that these images will remain anonymous and be used for ministry purposes only (such as church bulletins, church website and brochures).

Parent/Guardian Signature: _____ Date: _____