

三藩市第一華人浸信會

First Chinese Baptist Church

15 Waverly Place, San Francisco CA 94108-2118, Tel: 415-857-3226; Fax: 415-362-7644

VCS/DAY CAMP REGISTRATION

兒童日營報名表

| Name of Child 學生姓名 | Birthday(mm/dd/yy) 生日(月/日/年) | Grade in September. (Circle one) 九月份升讀(請圈數字)年級 | Boy/Girl 男/女 |
|-----------------------|---------------------------------|---|-----------------|
| _____ | _____ | 1 2 3 4 5 6 7 8 9 | _____ |
| _____ | _____ | 1 2 3 4 5 6 7 8 9 | _____ |
| _____ | _____ | 1 2 3 4 5 6 7 8 9 | _____ |
| _____ | _____ | 1 2 3 4 5 6 7 8 9 | _____ |

Address 地址

City 城市

State 州

Zip Code 郵政區號

Home Phone #家庭電話

Cell Phone/Pager # 手提電話/傳呼機號碼

Email Address 電郵地址

Mother's Name 母親姓名

Daytime Phone # 日間電話

Father's Name 父親姓名

Daytime Phone # 日間電話

What Church (if any) does the family attend? 這個家庭參加(如果有)那一間教會聚會?

Are you interested in free parent activities? 你有興趣參加免費的家長活動嗎?

List any date(s) your child will not attend 請列出你的孩子將不出席的日期

Primary language spoken at home 在家使用的主要語言

Other language(s) spoken 使用的其他語言

Camp is from 8:30-3:30. We are not responsible before 8:30am or after 3:30pm. Please be sure to arrange transportation. 日營於上午8:30至下午3:30進行。8:30前或3:30后的托管，本教會恕不負責，請確保準時接送。
(Over Please請填寫本頁背面)

First Chinese Baptist Church, San Francisco

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PERMISSION FORM
FOR EMERGENCY MEDICAL TREATMENT

緊急醫療處理許可表格

Child(ren)'s Names 兒童姓名: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY
(如果發生意外, 請通知)

| | |
|---|-------------|
| NAME 姓名: | NAME 姓名: |
| ADDRESS 地址: | ADDRESS 地址: |
| PHONE 電話: | PHONE 電話: |
| People authorized to pick up child(ren) 允許接孩子的人名單 Name 姓名: _____ Relationship 關係: _____ 我 I _____ (the parent/guardian 家長), authorize my child(ren) to sign themselves out at the end of each day. 允許我的孩子放學自己離開。 Signature of parent/guardian 家長簽名: _____ | |
| FAMILY MEDICAL INSURANCE (Name and Policy Number) 醫藥保險名稱及號碼: | |
| SPECIAL HEALTH CONCERNS or ALLERGIES 特別的健康情況或敏感: | |

In case of emergency, I hereby give permission to the Physician selected by San Francisco First Chinese Baptist Church Staff to hospitalize, secure proper treatment for, use ambulance, and/or to order injection, anesthesia, or surgery for the registered person name on this form. I also understand that First Chinese Baptist Church and any staff, leaders, or participants are not responsible for any accidental injuries and/or illnesses which occur during and FCBC/VCS activity. 我在這表上簽名, 如遇緊急意外, 准許由第一華人浸信會選擇醫務所, 醫務人員或救護車為我的子弟進行安全性的針藥或手術等急救處理. 我也明白在第一華人浸信會之兒童日營活動中所發生的意外損傷或疾病, 第一華人浸信會及任何一位職員, 導師或參與者概不負責任.

Parent's Signature 家長簽名

Date 日期

This section for VBS use only 職員專用 fee paid by cash \$ _____ check # _____

_____ Applied for Financial Aid Award amount \$ _____



Media Opt-Out Form 不擬在媒體出現的表格 First Chinese Baptist Church 三藩市第一華人浸信會

Protecting the privacy of children is important to us. Photos of groups of children participating in First Chinese Baptist Church Children's Ministry activities or events may be posted from time to time on our church website, church newsletter or other publication. Pictures would be selected to highlight Children's Ministry activities and events. We will never reference your child by name or provide any specific information regarding your child.

We will make every effort to honor your request, and recognize that some families have special circumstances that require the protection of their child's identity or location. Please be aware that there will be circumstances beyond our control such as other campers posting photos to their social media accounts (Facebook, Instagram, etc.)

Please fill out, sign and **return this form ONLY if you decline permission** to use pictures of your child(ren) on Children's Ministry publication, in our church website, newsletter and /or other church publicity.

保護兒童的隱私對我們很重要。參加三藩市第一華人浸信會兒童事工的活動或項目的兒童群體照片不時會貼到我們教會的網站，新聞通訊或其他出版物。照片將被選擇以突顯兒童事工的活動或項目。我們絕不會引用您孩子的名字或提供有關您孩子的任何具體信息。

我們將盡最大努力滿足您的要求，並認識到有些家庭對兒童的身份或地點保護的特殊需要。請留意可能出現無法控制的情況，如其他營員張貼到他們的社交媒體賬戶(Facebook, Instagram等等)的照片。

僅當你不允許本教會兒童事工在本教會的網站、通訊和/或其他教會宣傳資料上使用你孩子的照片，**才需填妥，簽名後交回本表格。**

I **DO NOT** want my child's photos used in Children's Ministry publications, website or newsletter.

我**不**想我孩子的照片用於兒童事工的宣傳資料、網站或新聞通訊中。

CHILD(REN)'S NAME(S) AND AGE(S) (PLEASE PRINT): 兒童名字及年齡，請用正楷填寫：

Child 兒童1: _____ Age 年齡: _____

Child 兒童 2: _____ Age 年齡: _____

Child 兒童3: _____ Age 年齡: _____

Child 兒童4: _____ Age 年齡: _____

Parent/Guardian's Signature 家長/監護人簽名: _____

Parent/Guardian's Name 家長/監護人姓名 _____

(PLEASE PRINT 請用正楷填寫): _____

Date 日期: _____

如有任何問題或疑慮，請隨時聯繫教牧同工 For questions or concerns, please feel free to contact the Pastoral staff at office@fcbc-sf.org.

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If you have low income, you are eligible to apply for scholarship. Please fill out the following application form and return it back to our church office.

Filing an application form does not guarantee you will get a scholarship. Scholarships are granted according to need and availability. Scholarship applications must be handed in by June 1st. Scholarship awarded by end of June.

如果你是低收入，你將有資格申請助學金。請填妥以下表格並交回教會辦公室。

填寫表格並不保證你可以得到助學金。我們將按教會所能供應的基金數字並分發給最需要的家庭之用。所有助學金申請表必須於六月一日前交齊，助學金將於六月底派發。

SCHOLARSHIP APPLICATION FORM
助學金申請表

Total monthly household income \$ _____
每月家庭總收入

Monthly housing cost (rent) \$ _____
住房支出(房租)

Number of family members _____
家庭人數

Number of Day Camp applicants _____
申請入營人數

Name(s) and grades(s) in Fall of Day Camp applicant(s)
入營者姓名及升讀年級

Name 姓名 **Grade in Fall升讀**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Scholarship check payable to: (please print clearly)
助學金支票抬頭名字，請以正楷書寫
