



Chinese Bible Missions Church of Los Angeles

羅省華人聖經宣道教會

2017-2018 Registration Form 報名表

(One Form per Child 每小孩一表格)

Child's Name 孩子名字 (Last 姓), (First 名)	Gender 性別 M 男 F 女	Date of Birth 出生日期 (MM/DD/YY) (月/日/年) _ _ / _ _ / _ _	Registration Fee 報名費 Early bird (on or before 7/31): \$55.00 Regular: \$60.00
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Child's grade in 2016-2017 孩子在2016-2017 年的級別:		
Sparks <input type="checkbox"/> Kindegarden 幼稚園 <input type="checkbox"/> First grade 一年級 <input type="checkbox"/> Second grade 二年級	T&T <input type="checkbox"/> Third grade 三年級 <input type="checkbox"/> Fourth grade 四年級 <input type="checkbox"/> Fifth grade 五年級	Trek <input type="checkbox"/> Sixth grade 六年級 <input type="checkbox"/> Seventh grade 七年級 <input type="checkbox"/> Eighth grade 八年級

Need Uniform 需要制服? Yes / No

Sparks (\$12) L XL XXL	T&T (\$17) YM YL AS AM	Trek (\$10) S M L
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Food allergy, special medication attention, etc. 身體健康資料, 如:食物敏感, 特別醫療需要, 等.

Parent or Guardian 家長或監護人 (Last 姓), (First 名)	Home # 住宅電話	Email address 電子郵件地址
	Mobile # 手提電話	

Street Address, Apt # 住址 (街名, 房屋號碼)	City 城市	Zip 郵區號碼
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For Office Use:

Registration Fee: \$	Registration Date:	Added to Roster? Yes
Uniform: \$	Total Paid:	Cash or Check #
Total Due: \$	Reviewed by:	

<p>Starts 開始: 9/17/2017 Ends 結束: 5/20/2018</p> <p>Sundays 3pm to 5pm in CBMCLA Fellowship Center</p> <p>逢星期日下午3時到5時團契中心</p> <p>Commander 指揮官: Esther Tse (626) 679-6339</p> <p>Email: awana@cbmcla.org</p>

PLEASE TURN OVER 請翻背頁



Chinese Bible Missions Church of Los Angeles
羅省華人聖經宣道教會

1. The child stated above has my permission to attend the AWANA Club of Chinese Bible Missions Church of Los Angeles (CBMCLA) on Sundays from 3 pm to 5 pm.
本人同意上述小孩於逢星期日下午 3 時至 5 時參加羅省華人聖經宣道教會舉辦的 AWANA 會。
2. I agree to direct my child to cooperate and to conform to the fullest with the AWANA Club rules.
本人願意指導本人的小孩盡力遵守 AWANA 會的會規。
3. I waive all claims against CBMCLA and its leaders for injury, accident, or illness occurring to my child while attending or by reason of the AWANA Club.
小孩若因參加 AWANA 會時發生意外或受傷，本人不會向羅省華人聖經宣道教會及所有導師追究任何責任。
4. Should it be necessary for my child to have medical treatment while participating in the AWANA Club activities, I hereby give CBMCLA permissions to use their judgment in obtaining medical service for the child and I give permissions to the physician selected by the church personnel to render medical treatment deemed necessary and appropriate by the physician.
若小孩在參加 AWANA 會時遇有緊急和需要立即治療的情況，我允准羅省華人聖經宣道教會同工決定為小孩治療，並允准教會所選的醫護人員為小孩提供會適及所需的治療。
5. I understand that the church has no insurance covering such medical and hospital costs incurred for such treatment, which shall be my sole responsibility.
我明白教會不會為這些意外事故的治療提供醫療保險，並本人會全權負責所需費用。
6. I allow CBMCLA to take pictures and/or videos of my child and share them with others, including but not limited to social media websites.
本人授權并許可CBMC將帶有本人小孩肖像的圖片及影片用於各種媒體和出版。

Signature of Parent or Guardian
家長或監護人簽名

Date
日期

Do you attend church regularly? 你是否經常參與教會聚會? Yes是 / No否

Church you attend 教會名稱: CBMC or other 或其他 : _____

Please return this form together with registration fee (cash or check payable to CBMCLA) to
請填好報名表連同報名費 (現款或支票抬頭 CBMCLA) 交與

Chinese Bible Missions Church of Los Angeles, AWANA Club
200 W. Commonwealth Avenue, Alhambra, CA 91801
(626) 570-9044