

**Queens Chinese Presbyterian Church 皇后區長老會**  
**Summer Children Activities Class Registration Form 暑期歡樂兒童學習班**

Child's Name 兒童姓名: (英) _____ (中) _____		
Grade Completed 班級 _____	Date of Birth 出生日期 _____	Age 年齡 _____
Parent/Guardian's Name 父母/監護人姓名 _____		
Home Address 地址 _____		
Home Phone 家居電話 _____	Cell Phone 手機電話 _____	
Emergency Contact Person/Phone 緊急聯絡人姓名/電話(1) _____		
Emergency Contact Person/Phone 緊急聯絡人姓名/電話(2) _____		
Relationship to Student 緊急聯絡人與學生關係 (1) _____ (2) _____		
Food Allergies 食物過敏 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 (List 列出過敏食物:)		
Medical Concerns 醫療藥物注意 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 (List 列出:)		
Church affiliation 如是教徒, 請填寫教會名稱 (if any) _____		
Who may pick up your child at the end of each day? 填寫接孩童人仕名單		
1. _____	(____) _____ - _____	
2. _____	(____) _____ - _____	
3. _____	(____) _____ - _____	

**Medical Emergency Treatment Authorization 醫療急教授權**

I understand that I will be notified in case of a medical emergency, however, in the event that I cannot be reached, I authorize that the adults chaperones of Queens Chinese Presbyterian Church has the right to send my child to a medical facility on my behalf when emergency medical care is deemed necessary.

I understand that Queens Chinese Presbyterian Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I give permission for free use of my child's name and picture solely for the purpose of Queens Chinese Presbyterian Church publications, images/video used in VBS Celebration video, photos used for class/take home crafts.

本人明白以下對孩童的醫療急救情序: (所有條例以英文為準)

- 如孩童需要緊急醫療救助, 本教會會用電話聯絡此表上的 " 緊急聯絡人 "。
- 若聯絡不到, 本人授權教會負責人處理, 若需要時, 送往醫療機構救助。
- 本人明白皇后區長老會不需負責在此緊急醫療救助的任何費用。
- 教會負責人或教師有權觀察並決定孩童是否適合某項的體力活動

本人准許皇后區長老會使用孩童姓名和此活動的孩童相片和錄影, 刊登和用於本教會刊物和活動之中。

Parent/Guardian Signature 父母/監護人簽名 \_\_\_\_\_ Date 日期 \_\_\_\_\_

Please browse church website: [www.qcpcny.org](http://www.qcpcny.org) for further information. 請登入本教會網頁瞭解詳情。

Below: To be used by church official only 以下為教會負責人使用:

Registration Form Received By \_\_\_\_\_ Payment Received:  Yes 有  No 沒有 Date: \_\_\_\_\_