中華基督教循道衛理美以美會

Chinese United Methodist Church

920 Washington Street
San Francisco, CA 94108
Tel & Fax (415) 981-8408

Minister-in-charge for Day Camp
Rev. Ernest Kan
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2018 Summer VBS Camp Registration Form

暑 期 日 營 報 名 表

Child's Name _____ __Sex _____ Date of Birth_____

Address _____City_____ State _____Zip Code _____

Home Phone _____Cell Phone _____Grade Level Next Fall _____T-Shirt Size_____

The registration fee is $20 for each session. Your child is not registered until registration fees have been received. All registration fees are **NON-REFUNDABLE**, except in the event that our program becomes full and cannot accept your child.

Please check the line if you are enrolling your child: 9am – 3pm ($20 per session)

____ August 6th – August 10th	**CUMC Use Only** ☐

Please make checks payable to **CHINESE UNITED METHODIST CHURCH** and send completed forms and payment to the address listed at the top of this form. You may also bring the form and payment to the address above in person on Sundays from 8am – 2pm.

EMERGENCY INFORMATION

Contact Person :_____Relationship_____ Phone # :_____

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Does your child have medical insurance? ☐ Yes ☐ No
If yes, please specify the name of the medical insurance carrier and your child's medical insurance number:

Insurance Carrier:_____ Insurance # :_____

Allergies & Medical Concerns: _____

Should an emergency situation which involves my child occurs, I give permission for the Chinese United Methodist Church VBS staff, as an agent for me, to consent to any medical treatment which may become necessary. However, I will not hold the Chinese United Methodist Church or its VBS staff members responsible in case of accident or injury.

_____ _____ _____
Parent's Name Parent's Signature Date