中華基督教循道衛理美以美會

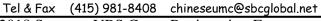


Parent's Name

Chinese United Methodist Church

920 Washington Street San Francisco, CA 94108 ${\bf Minister\text{-}in\text{-}charge\ for\ Day\ \it Camp}$

Rev. Ernest Kan





Date

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	
			ntil registration fees have been es full and cannot accept your c		
Please check the line if you	are enrolling your child: 9ar	m – 3pm (\$20 per ses	sion)		
			CUMC Use Only		
$_$ August $6^{th} - A$	ugust 10 th				
– 2pm. EMERGENCY INFORM A	ATION				
Contact Person :		Relationship	Phone # :		
Contact Person :		Relationship	Phone # :		
Does your child have medical If yes, please specify the nar			d's medical insurance number:		
Insurance Carrier:	Insurance #	:			
Allergies & Medical Concer	ns:				
	consent to any medical trea	atment which may be	mission for the Chinese United ecome necessary. However, I cident or injury.		

Parent's Signature