



中華基督教循道衛理美以美會

Chinese United Methodist Church

920 Washington Street Minister-in-charge for Day Camp
San Francisco, CA 94108 Rev. Ernest Kan
Tel & Fax (415) 981-8408 chineseumc@sbcglobal.net



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)

Table with 2 columns: Session Dates (August 6th - August 10th) and CUMC Use Only checkbox.

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