

KIDS Sunday Camp

AGES
8-12

适合8-12岁儿童

周日儿童营

6/22; 6/29; 7/6; 7/13;
7/20; 7/27; 11AM -1PM

ACTIVITIES:

Musical Dance

音乐舞蹈

Fun Science

有趣的科学

Making Food

制作食物

Storytelling

讲故事

Total Fee for all 6 sessions: \$5
六期全包费用: (5元)

中華基督教循道衛理美以美會

Chinese United Methodist Church
920 Washington Street, SF
415-981-8408



中華基督教循道衛理美以美會
Chinese United Methodist Church



2025 Sunday Kids Camp Registration Form

主日儿童营报名表

6月22日、6月29日、7月6日、7月13日、7月20日、7月27日
11:00 AM--1:00 PM

Suitable for children ages 8-12
适合8-12岁儿童

Activities活动包括: Fun Science, 趣味科学 Making Food, 制作食物
Storytelling, 讲故事 Musical Dance, 音乐舞蹈

Total Fee for all six sessions: \$5.00 六期全包费用: (5元)

Return the completed registration form to (将填妥的表格寄回)

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

Child's Name 孩子姓名 _____ Sex 性别 _____

Date of Birth 出生日期 _____ Next Term Grade Level 下学期就读年级 _____

Address 地址 _____ City 城市 _____

Home Phone 住宅电话 _____ Cell Phone 手机 _____

EMERGENCY CONTACT INFORMATION 紧急联系人

1. Contact Person 联系人姓名: _____ Relationship 关系 _____

Phone 电话号码: _____

2. Contact Person 联系人姓名: _____ Relationship 关系 _____

Phone 电话号码: _____

Allergies & Medical Concerns 过敏和医疗问题: _____

Should an emergency involving my child occur, I give permission for the Chinese United Methodist Church staff to act 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 staff members responsible in case of accident or injury.

如果发生涉及我孩子的紧急情况,我允许中华联合卫理公会的工作人员作为我的代理人,同意任何必要的医疗治疗。但是,如果发生意外或受伤,我不会追究中华联合卫理公会或其工作人员的责任。

Parent/Guardian Name & Signature 父母签名 _____ Date 日期 _____