



REGISTRATION FORM

Student's Full Name 学生姓名 _____

Birthday (m/d/y) 出生日期(月/日/年) _____ Grade 学校班級 _____

Parent / Legal Guardian Full Name(s) 家長/法定监护人姓名 _____

Address 住址 _____ City / Zip Code 市/郵區 _____

Home Phone 电话 _____ Mobile Phone 手机 _____

Email Address 电邮地址 _____ Preferred Language 首选语言 _____

Name & Relationship of Other Person(s) who are authorized to pick up your child(ren): 被授权接您的孩子者姓名及关系

Medical Conditions or Allergies 医疗情况或过敏

I hereby give permission for my child to self-administer the following medications in case of sudden onset of conditions as indicated above. 我特此允许我的孩子在上述病症发作的情况下自行服用以下药物。

YES 是 NO 否

I authorize staff at San Gabriel Presbyterian Church who is trained in the basic first aid to give my child first aid when appropriate. I also understand that every effort will be made to contact me in the event of emergency requiring medical/dental attention for my child. However, if I cannot be reached, I hereby authorize the volunteers of the Art Fusion for Kids Program or members of San Gabriel Presbyterian Church to summon emergency transportation for my child to the nearest medical facility, and to secure necessary medical treatment for my child. 我授权圣盖博长老教会的教师有受过急救训练者施用适当急救。我明白如果我的孩子有紧急情形需要就医，圣盖博长老教会将竭尽全力与我联络。但是如果没法联络到我特此允许美術班教师召急救车送我的孩子到附近的医务中心接受必要的治疗。

* Initial of Parent/Legal Guardian 家長/法定监护人草签 _____

I give permission for my information to be shared with Sunday School teachers for parent contact. 我同意分享我的信息与主日学老师，以便联系。

* I hereby give permission for my child named above, to participate in the Art Fusion Kids Program and other programs offered by San Gabriel Presbyterian Church for the following 2018-2019 Quarters (Initial)

我特此允许上述孩子参加儿童美術班及圣盖博长老教会为其后2018-2019季度提供的其他课程（草签）

Table with 3 columns: Fall Quarter (Sept. 9 - Nov. 25), Winter Quarter (Dec. 2 - Mar. 3), Spring Quarter (Mar. 10 - Jun. 2). Each column has a signature line.

Parent/Guardian Full Name (Print) 家長/监护人姓名（用印刷体书写）

Parent/Guardian Signature 家長/监护人签名

Date 日期