



新城華人宣道會

Newmarket Chinese Alliance Church

www.NewmarketCAC.com CAC.Newmarket@yahoo.ca

800 Davis Drive, Newmarket ON L3Y 2R5

马光辉牧师 (289) 383-1177

Registration Form 报名表 2019 暑期儿童圣经夏令营 7月15日至19日 Vacation Bible School July 15-19, 2019

请为每名儿童填写独立表格并于6月23日前的每个周日下午2-5点前往上述教会地址报名
Please complete one form for each child and return between 2-5pm of every Sunday by June 23 to above address

营会费用: \$100 (包小吃, 请自带午餐)

報名時間: 6月23日前每周日下午2-5点

年 歲: 6至11岁

Cost: \$100 (include snack, Please bring lunch)

Registration: 2-5 pm on every Sunday by June 23

Age: 6-11

地 点: 新城华人宣道会 800 Davis Drive, Newmarket

时 间: 早上 9:00 至下午 3:00

入 营: 早上 8:30 至 9:00

离 营: 下午 3:00 至 3:30

(3:30-4:00 加收\$5; 4:00-5:00 加收\$20)

毕营典礼: 7月19日(星期五) 下午 3:30 - 4:30

活 动: 圣经故事, 游戏, 唱歌, 手工

Location: Newmarket CAC 800 Davis Drive, Newmarket

Time: 9:00 am to 3:00 pm

Drop off: 8:30 - 9:00 am

Pick up: 3:00 - 3:30 pm

(3:30 - 4:00pm \$5; 4:00-5:00pm \$20)

Closing Ceremony: July 19 (Friday) 3:30-4:30 pm

Activities: Bible story, Games, Singing, crafts

儿童姓名	性 别 男 / 女	出生日期 (年 月 日)
Child's name: _____	Gender: M / F	Date of Birth: (____YY/____MM/____DD)
家庭住址	邮编	电话
Address: _____	Postal code _____	Home phone: _____
健康卡号码	紧急联络人电话	
OHIP card number: _____	Emergency Contact No.: _____	
父母监护人姓名	关系	
Parents/Guardian Name(s): _____	Relationship: _____	

*若儿童对任何东西有过敏反应需要按时服用特定药物某些行为需要特别看顾请在下面注明

*Any known allergies, medical or behavioral conditions of which we should be aware of?

Consent Agreement:

The undersigned does hereby give permission for my child to attend and participate in the Newmarket Chinese Alliance Church Summer Children Day Camp. I also acknowledge the followings:

Precautions are taken for the safety of your child, but in the event of accident or sickness, the Newmarket Chinese Alliance Church (NCAC), its staffs, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, the parents or legal guardian will be notified immediately.

I hereby give permission to the medical clinic or hospital selected by NCAC to hospitalize and to secure proper medical treatment for my child as named above. The NCAC and the staffs of the Children Ministry are not responsible for any legal and other consequences resulting from any accident.

I give permission to Newmarket Chinese Alliance Church to use my child's picture taken during the camp for external promotional events.

父母监护人签名

日期

Parents/Guardian Signature: _____

Date: _____

Official use: