

**生命更新浸信教会**  
**Life Renewal Chinese Baptist Church**  
**Vacation Bible School Registration**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Date of Birth: Month/Day/Year: \_\_\_\_\_

Completed Grade in School: \_\_\_\_\_

**Parent /Guardian Information**

Name: \_\_\_\_\_

Address, if different from child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Information**

**Primary Emergency Contact:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Secondary Emergency Contact:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Who will be picking up the child each day? \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is there anyone else that may pick up the child? \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Health and Medical Conditions

Please list any allergies or medical conditions your child has:

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Does your child carry medications for allergies/medical conditions? If so, please let us know the circumstances in which this will need to be used.

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## Medical Release

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child - please print)

to participate in all activities at the Life Renewal Chinese Baptist Church Vacation Bible School, and authorize any medical treatment in my absence, for the well-being of my child, in case of an emergency. I agree to hold harmless Christian Baptist Church, and any and all volunteers of the Vacation Bible School, exclusive of negligence, from any injury or sickness which occurs during this program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*We here at Life Renewal Chinese Baptist Church are so pleased and honored to have your child/children at our Vacation Bible School. If you have any questions or would like to know more about our church, we are here to answer your questions.*

**Please pay the cheque to *EBC* or *Evangel Baptist Church***