



Children's Sunday School Registration Form 兒童主日學登記表

1801 North Loop Road, Alameda, CA 94502 (510) 995-5383 www.bacbc.org

Kindergarten to Fifth Grade 幼稚園至五年級

A. General Information 普通資料

Child's Name (Last 姓) _____ (First & Middle 名) _____ Chinese 中文 _____

Address 地址 _____ City 城市 _____ Zip Code 郵遞區號 _____ M 男 / F 女

Home Phone 家裏電話(_____) _____ Email 電郵 _____ Grade 年級 _____

Date and Place of Birth _____ Language spoken at home 在家語言: _____
 出生日期 及 地點

1. The child usually arrives 是由誰帶來教會 with parents 父母 with a guardian 監護人 Other 其他

2. Child's parents/guardian 家長 / 監護人姓名: _____ Cell Phone 手機號碼 _____
 _____ Cell Phone 手機號碼 _____

3. Parent / Guardian attends 家長 / 監護人參加
 9:30am Worship Service 崇拜 Cantonese 粵語 Mandarin 國語 Other 其他
 Sunday School 主日學 Room 課室 _____
 11:15am Worship Service 崇拜 English 英語 Other 其他
 Sunday School 主日學 Room 課室 _____

4. Apart from parent or guardian, I authorize the following people to drop off/pick up my child:
 除父母或監護人, 本人授權下列人士接送我的孩子:
 Person authorized to DROP OFF 寄放孩子授權人:
 Name 姓名 _____ Cell Phone 手機號碼 _____ Relationship 關係 _____
 Person authorized to PICK UP 領取孩子授權人:
 Name 姓名 _____ Cell Phone 手機號碼 _____ Relationship 關係 _____

B. Health Information 健康資料

Please list any conditions that your child's teacher should be aware of (allergies, asthma, other):
 請列出主日學老師需知的任何健康狀況, 例如哮喘、食物過敏症、或其它:

C. Emergency Contact Information 緊急聯絡資料

In case of an emergency during church hours and parent /guardian is NOT on campus, please contact
 若家長或監護人在發生緊急情況時不在教會, 請聯絡:

Name 姓名 _____ Phone 電話 (_____) _____

I authorize those in charge of Sunday School to act on my behalf and in their best judgment in the case of any emergency requiring medical attention. 本人授權主日學負責人在兒童需要醫療服務的緊急情況下代本人作決定。

Parent/Guardian Signature 家長/監護人 簽名 _____ Date 日期: _____

For future use:

version August 31, 2021

| Review Date | Parent's Initials |
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