

# FIRST BAPTIST CHURCH OF FLUSHING (FBCF)

142-10 Sanford Avenue, Flushing, NY 11355  
Phone: (718) 539-6822 · Fax: (718) 939-9136 · FBCFlushing.org

## SUMMER DAY CAMP (SDC) REGISTRATION FORM

2018

Registration  Health Form  
 Trip Form  Copied

STUDENT INFORMATION/學生資料											
1. First Name/名		2. Last Name/姓		3. Date of Birth (mm/dd/yy) 出生日期(月/日/年)		4. Age/年齡					
5. Address/地址											
6. Sex/性別		7. Native Language/常用語言		8. Grade in Sept. 2018 2018年九月就讀級別		9. T-shirt size/T恤呎碼 YXS YS YM YL S M L XL XXL					
10. Medical Conditions/健康狀況				11. Allergies/過敏							
12. Child has an IEP? <input type="checkbox"/> Y <input type="checkbox"/> N 學生有沒有參加個人特別教育方案 IEP? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有				13. Other information/特別資料							
PARENT/GUARDIAN – 父母/監護人(Pick-up/Emergency/Billing – 接送/緊急/付費)											
14. Full Name/姓名		15. Relationship to Child/與學生的關係		16. Email 電郵							
17. Home Phone/家中電話		18. Work Phone/工作電話		19. Cell Phone/手提電話							
SECONDARY CONTACT/第二位聯絡人(Pick-up/Emergency – 接送/緊急)											
20. Full Name/姓名		21. Relationship to Child/與學生的關係		22. Email							
23. Home Phone/家中電話		24. Work Phone/工作電話		25. Cell Phone/手提電話							
ADDITIONAL CONTACTS/其他聯絡人(Pick-up/Emergency – 接送/緊急)											
26. Full Name/姓名		27. Relationship to Child/與學生的關係		28. Tel. #/聯絡電話							
29. Full Name/姓名		30. Relationship to Child/與學生的關係		31. Tel. #/聯絡電話							
PROGRAM REGISTRATION DETAILS/課程註冊資料											
Electives/興趣小組 (Circle your choice – 請圈出你所選的小組)											
ESL/英文				Spanish/西班牙語		Mandarin/國語		Chess/棋藝		Arts & Crafts/美術及勞作	

### REGISTRATION AGREEMENT/註冊同意書

By signing this form, I agree to the following terms and conditions:

- My child has permission to participate in all the Summer Day Camp 2018 activities and trips sponsored by FBCF. I agree to release, indemnify and hold harmless FBCF and its staff from all claims of liability, injury or damage to any person occurring in connection with said Summer Day Camp activities and trips.
- Registration fees are non-refundable.
- All fees must be paid in full by May 15 for discount or first day of Camp (regular pricing).
- Health forms must be submitted by June 29, 2018.
- FBCF has permission to treat my child for minor injuries, such as scrapes and bruises. In the event of an emergency, FBCF has permission to have my child treated at a local emergency room if no authorized contact is reached.
- FBCF has permission to produce and publish photographs, videos or recordings of my child for lawful purposes at its discretion. I waive all rights, interest or claim for payment for these materials.
- REFUND POLICY:** No fees will be refunded if cancelling after 7/20/18. 50% refund if cancelling between 7/5/18 and 7/20/18.
- There will be no prorating or refund of fees for any missed days or for any other reason.
- FOR STUDENTS 7<sup>th</sup> grade and up: My child can be dismissed from the Camp unescorted.  YES  NO

NAME/姓名 (PLEASE PRINT/請以正楷填寫) \_\_\_\_\_

RELATIONSHIP TO CHILD/與學生的關係:  MOTHER/母親  FATHER/父親  OTHER/其他 \_\_\_\_\_

SIGNATURE/簽名 \_\_\_\_\_ DATE/日期 \_\_\_\_/\_\_\_\_/2018

This camp is licensed by the New York City Department of Health and Mental Hygiene, is inspected twice yearly and includes the address where inspection reports are filed. 此夏令營已於紐約市衛生局登記，並每年兩次接受檢查，已經提交檢查報告。