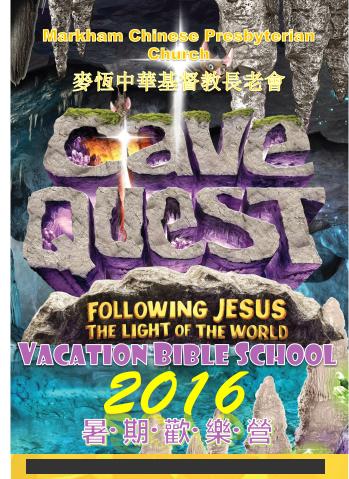


www.mcpc.ca





PLACE 地點: 2250 Denison Street, Markham

DATE 日期: Aug 15th 2016 to August 19th 2016

TIME 時間:

9:00 am - 4:30 pm (Extra charge for extended hours 延長托管時間, 另作收費)

AGE 年龄: 4 - 14 (JK to Grade 8 幼低至八年級)

FEE 費用:

\$90 (Before/on July 17th 2016 七月十七日或以前) \$95 (After July 18th 2016 七月十八日或以後)

FOLLOWING JESUS We're glad you've considered bringing your kids to MCPC'S VBS 2016 featuring Cave Quest. This summer, kids (and adults) will experience God's Word in surprising and unforgettable ways! Kids will be grounded in rock-solid foundation of God's love that will surely help them get through dark times in life. Our one ogram offers a wide range of summe ities, including a field trip to

REGISTRATION FORM

OFFICE USE (<u>ONLY</u>		
Paid: \$	Ca	sh/Chequ	e#
Class V	D	M	DТ

	Name:					
家長姓名	Š	(Last 姓)	(First 名)		(Chinese	中文姓名)
Address	:			Postal	Code :	
地址:				郵政		
Home Pl	hone: ()			Daytime/Emergency Phone: ()	
電話:				日間/緊急聯絡電話:		
	ddress:					
電郵						
(1)	Student Name:				Age:	Gender: M / F
	― 學生姓名:	(English		(Chinese 中文姓名)		 性別: 男/女
	Date of Birth:			Present Grade at Day School:		
	出生日期:	(mm/dd/yy) (月日	年)	現時於日校就讀班級:		
	Health Card #:			Health/Allergy Concerns:		
	 醫療咭號碼:			健康問題或過敏症:		
(2)	Student Name:				Age:	Gender: M / F
	exa (1 / 1 / 4	(English		(Chinese 中文姓名)		 性別: 男/女
	Date of Birth:			Present Grade at Day School:		
		(mm/dd/yy) (月日		現時於日校就讀班級:		
	Health Card #:			Health/Allergy Concerns:		
	醫療咭號碼:			健康問題或過敏症:		
Name of	Church 所屬教會 :					
Cost per student 費用:		\$90.00 (Before/on July 17th 2016 七月十七日或以前)				
		\$95.00 (After July 18th 2016 七月十八日或以後)				
·			m) + $\$35.00 (4:30 - 6 \text{ pm})$			
Total an	nount 總額: \$90.00	` ´		x No. of student 人數 = \$		

Parent Consent

I acknowledge and accept full responsibility for my child(ren)'s actions and consequences as a result of his/her/their participation in Markham Chinese Presbyterian Church's VBS. I understand that under no circumstances shall Markham Chinese Presbyterian Church, its officials or members be held responsible for any injuries suffered resulting from participation in MCPC's VBS. My child(ren), however, have my permission to receive emergency treatment whenever necessary. Additionally, I give consent to MCPC staff to take pictures and videos of my child(ren) during VBS activities, and use them for future planning and promotional purposes.

Parent's signature 家長簽名	Date 日期	