

# Inviting all students in Kindergarten through 6th Grade HANDBELL & CHILDREN'S CHOIR

## Rehearsal Schedule: Thursdays @ 4:45PM to 6:15PM February 23 through May 4

Rehearsal Location: Hope Lutheran Day School 55 SanFernando Way Daly City 94015

Instructors: Dr. Florence Fong Mrs. Stella Hau \*Spring Recital & May Worship details to come

ONE TIME REGISTRATION & COURSE FEE: \$120.00

Please make checks payable to CCCMIW

Please mail registration forms to P.O. Box 6429 San Mateo, CA 94403 OR email to <u>florence@cccmiw.org</u>

中華基督教會



Chinese Christian Church Music Institute for Worship

### **CCCMIW Children's Choir & Handbell Choir - Spring 2023**

**Student Information** 

| Student Name                       |  |
|------------------------------------|--|
| Home Address                       |  |
|                                    | State Zip                                  |
| Age Birth date                     | Gender Current Grade in school             |
| Current School                     | Does your child play an instrument? Yes No |
|                                    | How many years?                            |
| Name of Home Church, if applicable |  |

#### Parent/Guardian Information

| Mother's Name | _ Home Phone | _Cell Phone |
|---------------|--------------|-------------|
| Father's Name | _ Home Phone | _Cell Phone |
| email         |              |             |

Who may pick up this student at the end of each rehearsal? Name(s) \_\_\_\_\_\_

#### **Medical Information**

| Does your child have any food/drug allergies?  | Yes | No |
|--|-----|----|
| Is your child currently taking any medication? | Yes | No |

#### **Emergency Contact Information**

| Name                 | Phone            |
|----------------------|------------------|
| Health Care Provider | Medical Policy # |
| Name of Physician    | Phone            |

#### MEDICAL AND LIABILITY RELEASE FORM

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give permission to the physician selected by CCCMIW and camp leadership to hospitalize, secure proper treatment and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

#### LIABILITY RELEASE

Every activity sponsored by CCCMIW is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent(s) or guardian(s) agree to assume and accept all risks and hazards inherent in camp-related social activities. They also agree not to hold CCCMIW or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned.

The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If yes, please explain:

Please return registration form by February 22, 2023 Make checks payable to "CCCMIW"