

Family Information 家庭資料

Language Spoken at Home _____ Ethnicity _____

Father's Name 父親 _____ Cell Phone _____

Mother's Name 母親 _____ Cell Phone _____

Home Address _____

Home Phone _____ Work Phone: _____

E-Mail: (Please print clearly) _____

Name of Emergency Contact 緊急聯絡人 _____

Phone 電話 _____ Relationship 關係: _____

Family Doctor 家庭醫生 _____ Phone 電話 _____

To Parents/Guardian

* Please specify if your child has any known food allergies or dietary restrictions:

*I give permission to UCLC authorized personnel to administer basic first aid to the student as appropriate. I also give permission to UCLC authorized personnel to arrange transportation for the student in case of accident or acute illness and to arrange for medical care at the closest hospital in case of emergency. I understand that an effort will be made to notify me before such action is taken.

* in case of illness or accidents, UCLC is not responsible for medical and other expenses incurred. I hereby waive any claim against UCLC for the illness, accident or injury that may occur as a result of my child's participation in UCLC's program..

* I give permission to UCLC to take photographs and video recordings of my child in UCLC related activities and to use them in its websites or other media published by UCLC.

[] Please check box if you do not want your child's picture showed on media published by UCLC.

Signed by Parent/Guardian 家長簽名: _____ Date 日期: _____

UCLC Office : 714-841-7587

Principal Luo 羅校長: 714-362-4616

Email: office@uclchb.org

meitaurmft@gmail.com,

Website 學校網址: www.uclchb.org