



多倫多北區華人浸信會

NORTH TORONTO CHINESE
BAPTIST CHURCH

88 Finch Avenue West
Toronto, Ontario M2N 2H7
P: 416-733-8088
F: 416-733-2974

Child's Registration Form

Please hand in along with parental/guardian form to teachers or Pastor Ada's mailbox.

Date: _____

Last Name: _____ First Name: _____

Chinese Name (written and pinyin): _____

Middle/Other Name(s): _____

Birth Date: _____

If your child has any siblings, please list them below:

- | | |
|----------------|-------------------|
| 1. Name: _____ | Birth Year: _____ |
| 2. Name: _____ | Birth Year: _____ |
| 3. Name: _____ | Birth Year: _____ |
| 4. Name: _____ | Birth Year: _____ |

How long has your child been attending NTCBC? For _____ months/years. My child is new to NTCBC

Which languages does your child speak? Cantonese Mandarin English Other _____

Which language does your child prefer? Cantonese Mandarin English Other _____

Your child is/will be participating in our

Sunday School (10am-11am) Children's Worship (11:20am-12:35pm) Gilead Fellowship (every 4th Saturday)

Health Card Number: _____ Expiry: _____

Doctor's Name: _____

Doctor's #: _____

Allergies mild: _____

Epipen: Yes, it expires _____ and can be found
_____ No

Do you give permission for NTCBC volunteers to administer your child's Epipen should he/she require it?

Yes, here is my signature to give permission _____ No

Health Conditions: Diabetes Asthma Other/Special Needs _____

Authorized persons for pick-up (16 years or older):

- | | |
|----------------|----------------|
| 1. Name: _____ | 4. Name: _____ |
| 2. Name: _____ | 5. Name: _____ |
| 3. Name: _____ | 6. Name: _____ |

Emergency Contact: _____

Relationship: _____

Home #: _____

Cell #: _____

Attends NTCBC: Yes, usually attends _____ service and/or _____ Sunday School

No, but attends this church: _____ No