

Vacation Bible School Registration Form

June 15th to June 19th 2009 (4 Years Old TO Current 5TH GRADERS)

Children's Last Name

(BELOW INFORMATION MUST BE COMPLETED AND SIGNED TO ATTEND THE CHILDREN PROGRAM. PLEASE PRINT)

Child's Name Last, First	M	F	Date of Birth (MM/DD/YYYY)	Grade (in Sep.)	Age	Attending <input checked="" type="checkbox"/>					Allergies/Special Needs/ Health Concerns	
						9:am to 12pm						Celebration
						MO	TU	WE	TH	FR		

Celebration Night will be on Friday 6/19, from 7:30pm to 9:30pm. (Include: Children presentation, parenting workshop, games... etc)

Parent's Name Last, First (中文)	Home Phone	Cell Phone	Email address	Will you attend Celebration?	Christian
Father:				Y / N	Y / N
Mother:				Y / N	Y / N
Other Guardian:			Person who might also pickup your child(ren)	Y / N	Y / N

Home Address: _____

Child's Primary Language Spoken at home: English Cantonese Mandarin Others: _____

Medical Information

Physician Name:	Phone: ()	
Address:		
Dentist Name:	Phone: ()	
Address:		
Health Insurance:		Policy#:
Emergency Contact (other than parents):		Phone: ()

RELEASE STATEMENT

I, the undersigned, parent/guardian of _____

Name(s) of the above child(ren)

give permission for the child to participate in the Chinese Church in Christ (CCIC) Children Program and activities. I believe reasonable safety precautions will be taken by CCIC and its agents during the classes and activities. Therefore, I agree not to hold CCIC, its members, and volunteers liable for any injuries or unforeseen hazards that might happen to my child.

In the event that I cannot be reached in person or by phone at the time of an emergency, I hereby give my consent to CCIC to obtain any necessary emergency medical care by a licensed physician for my child, at my expense. This care maybe given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

PHOTO AND VIDEO WAIVER: I release the photographer/videographer and CCIC from liability for any violation of any personal or property rights I have connection with any reproduction of or use of photographs/video clips in which my children may appear. I consent to the reproduction or use of photograph/video clips with or without my name taken of my children during CCIC's Children programs. **INITIAL:** _____

Parent/Guardian Signature: _____ (_____) Date: ____ / ____ / ____

SIGNATURE

(PRINT YOUR NAME)

MM

DD

YYYY

Please mail this form back to Chinese Church in Christ, ATT: VBS Registration, 920 Sierra Vista Ave. Mountain View, CA 94043.

Make Check pay to: Chinese Church in Christ – Mountain View. Cash payment option is not available for mail in registration.

Office use only		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____ <small>(Pay to: CCIC-Mountain View)</small>	Amount: _____
		Date: _____