

Vacation Bible School (VBS) Registration Form
Sponsored by Cornerstone Trinity Baptist Church--415.566.5756

CHILD'S LAST NAME _____ FIRST NAME _____ HOME PHONE (____) _____

ADDRESS _____ CITY _____ ZIP CODE _____

AGE ____ BIRTHDATE (MM/DD/YY) _____ GRADE IN FALL 2020 _____ GIRL BOY

1. Parent/Guardian _____ Cell Phone (____) _____ Work # (____) _____ Email Address _____

2. Parent/Guardian _____ Cell Phone (____) _____ Work # (____) _____ Email Address _____

STUDENT INFORMATION

Does your child require any special accommodations (ie: IEP, Behavior Plan)?
No Yes *If Yes, please describe*

VBS will be an on-line interactive program that will take place from June 15 - June 26
Program Hours: 10 am-12 pm

Cost: \$50/week Registration Deadline: June 3rd

Additional program details will be provided after registration confirmation

Please indicate the weeks your child will be attending the program:

Week 1: June 15-19

Week 2: June 22-June 26

PARENT/GUARDIAN AGREEMENT and RELEASE (please initial):

____ I give permission for my child to participate in all Vacation Bible School (VBS) On-line activities.

____ I have no knowledge of any physical impairment that would prevent my child from participating in the VBS On-line program.

____ I hereby authorize Cornerstone Trinity Baptist Church and the VBS On-line program to use any pictures, recording and videos taken of my child for any purpose including but not limited to future promotional use.

____ **I hereby release Cornerstone Trinity Baptist Church ("CTBC"), its officers, directors, employees, members, volunteers, and agents of and from any and all actions, suits, proceedings, claims, demands, assessments, judgments, damages, deficiencies, liens, penalties, fines, costs and expenses, including reasonable attorneys' fees, resulting from, based upon, or arising out of any activity, accident or injury occurring at the VBS On-line program.**

____ I agree that my child shall adhere to all rules and regulations of the VBS On-line program. If, at the Director's sole discretion, it is decided that my child is unable to continue respectfully in the VBS On-line program, I agree that no refund will be given.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

**Submit registration by email/PayPal or mail registration and check to:
Cornerstone Trinity Baptist Church, 480 Teresita Blvd. SF 94127**