

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 _____ GRADE IN FALL 2018 _____ GIRL ____ BOY ____ T-Shirt Size _____

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

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

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK UP CHILD

In case of emergency, if the parent/guardian cannot be reached, we will contact the persons listed below. NO PERSON besides the parent/guardian or those listed below will be authorized to pick up your child.

NAME _____ RELATION TO CHILD _____ PHONE # _____

NAME _____ RELATION TO CHILD _____ PHONE # _____

MEDICAL AND ALLERGY INFORMATION

MEDICAL INSURANCE CO. _____ POLICY/SUBSCRIBER # _____

Allergies: No allergies ____ Hay Fever ____ Insect Stings ____ Other _____

Please describe any food allergies and reactions that may occur: _____

Does your child require any special accommodations (ie: IEP, Behavior Plan)? _____

VBS Location: 480 Teresita Blvd in San Francisco. Program Hours: 9am-4pm. Please check off whether extended care is needed. Register by June 4th. Enrollment is limited. \$150 per week (Ext. care: 4-6pm-\$35)

June 18-June 22 : Week 1: ____ *****Ext care** ____ ***** Extended care will be provided only if at least 5 children requests it.**

June 25-June 29: Week 2: ____ *****Ext care** ____ ***** Extended care will be provided only if at least 5 children requests it.**

PARENT/GUARDIAN AGREEMENT and RELEASE (please initial):

____ I give permission for my child to participate in all Vacation Bible School (VBS) activities, and field trips including but not limited to going to a neighborhood playground. I have no knowledge of any physical impairment that would prevent my child from participating in the VBS program.

____ I hereby authorize Cornerstone Trinity Baptist Church and the VBS program to use any pictures 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 program, including but not limited to field trips.

____ I authorize medical treatment to be given to my child in the event I cannot be reached and agree that I am responsible for the costs and/or expenses related to such treatment.

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Mail Registration and check to: Cornerstone Trinity Baptist Church, 480 Teresita Blvd. SF 94127