



"Discovering the God of the Universe" Colossians 1:15-16  
 The Son is the image of the invisible God, the firstborn over all creation. 16 For in him all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things have been created through him and for him.

NO mail-in applications accepted after June 18th

# Irvine Baptist Church Children's Ministry VBS 2017

**Early Registration  
 by May 21st**

June 26<sup>th</sup> – 29<sup>th</sup> (Monday-Thursday)  
 M-Th. 4:30pm-8:30pm

Family Registration #
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VBS is open to children 1st through 5th grade (Entering 6<sup>th</sup> grade in Fall 2017)

### PARENT/GUARDIAN INFORMATION

Korean Name (부) \_\_\_\_\_ / (모) \_\_\_\_\_ English Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone (부) \_\_\_\_\_ / (모) \_\_\_\_\_

E-MAIL (부) \_\_\_\_\_ / (모) \_\_\_\_\_

한 가정당 한 장의 registration form 을 사용 바랍니다. One form per Family please~! (친구, 사촌 등은 해당되지 않습니다.)

By May 21st	Child # Fee	1st Grade – 5th Grade (DoB 12/3/2005 - 9/1/2010)			
1 \$50	1 \$60	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 (as of 6/1/17) Current Grade _____
2 \$40	2 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 (as of 6/1/17) Current Grade _____
3 \$40	3 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 (as of 6/1/17) Current Grade _____
4 \$40	4 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 (as of 6/1/17) Current Grade _____

TOTAL

\$

**NO REFUND**  
after June 18th

Office Use Only

Check No. \_\_\_\_\_

Cash

In the event of an emergency, parent/guardian will be contacted first. List one other adult to be contacted if parents cannot be reached.

#### EMERGENCY CONTACT

Relation \_\_\_\_\_ Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-MAIL \_\_\_\_\_

Is there any medical reason why your student should not participate in certain physical activities? \_\_\_ YES \_\_\_ NO

If yes, explain and list any other medical concerns below (allergies, medications, or special needs):

Child 1 \_\_\_ YES \_\_\_ NO : \_\_\_\_\_

Child 2 \_\_\_ YES \_\_\_ NO : \_\_\_\_\_

Child 3 \_\_\_ YES \_\_\_ NO : \_\_\_\_\_

Child 4 \_\_\_ YES \_\_\_ NO : \_\_\_\_\_

\*\*If your student will need medication during VBS hours, or if there are any medical changes, please contact the IBC VBS Director Pastor Daniel Hyeon.

**\*\* Must be signed by Parent/Guardian for student participation**

I give permission for my child(ren) to attend and to voluntarily participate in the IBC VBS Program from June 26<sup>th</sup> to June 29<sup>th</sup>, 2017. I also give permission to the staff to obtain medical care for my child(ren) if I cannot be reached: to transport my child(ren) to program sites; and to use my child(ren)'s pictures for program promotion. I hereby waive my right for financial claim against Irvine Baptist Church and all participating employees or volunteers for any injuries or damages that may be incurred as a result of my child(ren)'s participation in said activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_