



# Irvine Baptist Church Elementary Ministry

## VBS 2018

June 25<sup>th</sup> – 28<sup>th</sup> (Monday-Thursday)

M-Th. 4:30pm-8:30pm

VBS is open to children 1st through 5th grade (Entering 6<sup>th</sup> grade in Fall 2018)

Family  
Registration

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**"His divine power has given us everything we need for a godly life through our knowledge of him who called us by his own glory and goodness." 2 Peter 1:3**

### PARENT/GUARDIAN INFORMATION

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

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

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

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

By <b>May 20th</b>	Child Fee	<b>1st Grade – 5th Grade</b>			
1 \$50	1 \$60	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 Current Grade _____
2 \$40	2 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 Current Grade _____
3 \$40	3 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 Current Grade _____
4 \$40	4 \$50	영문이름 Name _____	남 / 여 M/F	생일 Date of Birth _____ / _____ / _____	mm/dd/yyyy 현재학년 Current Grade _____

<b>TOTAL</b>	<b>\$</b> _____	<b>NO REFUND</b> after June 17th	<b>Office Use Only</b>	Check No. _____	Cash <input type="checkbox"/>
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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 \_\_\_\_\_

### STUDENT'S MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ policy # \_\_\_\_\_

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 Jean Oh.

**\*\* 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 27<sup>th</sup> to June 30<sup>th</sup>, 2016. 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 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 \_\_\_\_\_