

First Evangelical Community Church
Oakland Campus

VACATION BIBLE SCHOOL
7/1/2019 - 7/5/2019

9:00 AM - 5:00 PM

3 - 14 years old

- ✧ Day Camp \$150 (5 Days)
- ✧ Overnight Camp \$200 (5 Days)

(Grade Levels as of Aug., 2019)

蒙愛羅省基督教會

暑期聖經學校

早上 9:00 至 下午 5:00

費用包括:

點心、午餐、T-Shirt 及教材費用等



Parental Consent Form

To whom it may concern:

The undersigned does hereby give permission for our(my)child,

_____ to
(name of child)

attend and participate in any and all activities sponsored by First Evangelical Community Church - Oakland Campus ("Activities") from July 1 to 5, 2019.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, rendered to the minor under the general or special supervision on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in Activities.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Emergency Phone Numbers: _____

Father's Signature Date

Mother's Signature Date

Legal Guardian's Signature Date

VBS Registration Form

(3-14 years old)

Student's Name: _____

Address: _____

City: _____ Zip: _____

Parent's Name: _____

Email Add: _____

Home Phone: () _____

Work /Cell Phone: () _____

Language Spoken at Home: _____

2019/20 Grade: ___ Sex: ___ DOB: ___/___/___

If child has any allergies: _____

Registration Fee

(Jr.High)T-shirt Size: S ___ M ___ L ___ XL ___

Day Camp for 5 days: \$150

(Includes lunch, T-shirt, materials & Snacks)

Overnight Camp: \$200

(Includes 3 meals, T-shirt, materials & Snacks)

(For office use only)

Date Registration Rcvd: _____

Fee Paid: Cash \$ _____

Check # _____ \$ _____