

# SHIPWRECKED VBS 2018 REGISTRATION FORM

Name of Parent or Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cellular: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Alternate Emergency Contact : \_\_\_\_\_ ( ) \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Do you currently attend a church? (circle one) Yes No If yes, name of church \_\_\_\_\_

How did you find out about our VBS? \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_

Child's Name	Date of Birth	Age	Grade in Fall 2017

I would like my child to be in the same group as: \_\_\_\_\_ We will try our best to accommodate this request, however, we cannot accommodate requests for larger groups of siblings/ friends to be grouped together. IN CASE OF EMERGENCY: I hereby authorize an adult leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Medical Information: Specifying food allergies is very important as we will be providing snacks each day.

Allergies/Medical Conditions/Dietary Restrictions (please specify which child.) Medications being taken

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_

**One pre-school class available for 3 and 4 year olds. Must turn 3 years old on or before July 16, 2018. Only 20 spots available on first come, first served basis.**

**Pre-Registration Deadline:** Monday, July 9, 2018

Pre-registration is highly recommended as walk-ins may not be offered.

**Questions?** Please email Gloria Kama: [childrensministries@slzjcc.org](mailto:childrensministries@slzjcc.org)  
or call San Lorenzo Japanese Christian Church at (510) 483-9455.

**Mail or e-mail completed registration form to:** [childrensministries@slzjcc.org](mailto:childrensministries@slzjcc.org)  
San Lorenzo Japanese Christian Church 615 Lewelling Blvd., San Leandro, CA 94579,  
Attention VBS Registrar

**VBS T-shirt Order Deadline:** Wednesday, June 20, 2018  
Please PRE-ORDER your T-shirts before the deadline date.