

**PandaMania SLzJCC VBS 2011 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 2011: \_\_\_\_\_

Child's Name	Date of Birth	Age	Grade in Fall 2011

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/MedicalConditions/Dietary Restrictions (please specify which child.)

\_\_\_\_\_

Medications being taken \_\_\_\_\_

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

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

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

**Two Pre-School Classes Available:**

**Pre-School 1 - Must turn 3 years old on or before July 18, 2011**

**(only 10 spots available on first come, first served basis).**

**Pre-School 2 - 4 and 5 year olds**

**(Only 20 spots available on first come, first served basis).**

**Pre-Registration Deadline: Monday, July 11, 2011**

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 completed registration forms to:**

**San Lorenzo Japanese Christian Church, 615 Lewelling Blvd., San Leandro, CA 94579,  
Attention VBS Registrar, or fax it to (510) 483-9481.**

**VBS T-shirt Order Deadline: Sunday, June 26, 2011**

**Please PRE-ORDER your T-shirts before the deadline date.**

**Call Mika Chisaki at (510) 245-3946 or e-mail: [mika729@sbcglobal.net](mailto:mika729@sbcglobal.net)**