

# Mandarin Baptist Church of San Fernando Valley

9124 Zelzah Ave., Northridge, CA 91325

Tel: (818) 727-2220

Fax: (818) 727-2222

## Vacation Bible School 2017

**(Children must be in 1<sup>st</sup> thru 7<sup>th</sup> Grade This September)**

<b>DATE:</b>	<b>June 12~June 16, 2017</b>
<b>TIME:</b>	<b>8:30am – 3:00pm (Bring your own sack lunch)</b>
<b>THEME:</b>	<b>Operation Arctic</b>
<b>ACTIVITIES:</b>	<b>Bible Lessons, Music, Crafts, Games, Moon Bounce, and Outdoor Activities</b>
<b>FEES:</b>	<b>\$35 per student; \$60 per family</b>
	<b>Deadline: June 5, 2017 – Late registration cost: Add \$5.00 per child</b>

### REGISTRATION FORM

(Return completed forms to church office/administration)

Student's Name \_\_\_\_\_ Church Name \_\_\_\_\_

School \_\_\_\_\_ Birthday \_\_\_\_\_

Sex  M  F      Grade in Sept 2017 \_\_\_\_\_      T-Shirt size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Allergy Items: \_\_\_\_\_

Payment Method:  Cash \_\_\_\_\_  Check # \_\_\_\_\_ Name on Check \_\_\_\_\_  
(Please make all check payable to MBCSFV)

Should it be necessary for my child to have medical treatment while participating in VBS 2017 on church premises, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve said Church and its personnel from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that Mandarin Baptist Church of San Fernando Valley has no accident insurance. Any cost incurred shall be my sole responsibility.

Parent's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Return form to Attn: MBCSFV, 9124 Zelzah Ave., Northridge, CA 91325 (p) 818.727.2220 or (fax) 818.727.2222

For official use: Amount Received \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_