

2019 Vacation Bible School Summer Camp Registration Form

Chinese Independent Baptist Church of Fremont



Kindergarten – 6th Grade

July 15 - 20 VBS Summer Camp

July 20 - Closing Ceremony

Chinese Independent Baptist Church of
Fremont

37365 Centralmont Place

Fremont, CA 94536

(510) 796-0114

cibcfvbssummercamp@gmail.com

FULL DAY VBS + Afternoon Activities 9:30AM - 3:30PM \$60 Bible, Music, Games, Crafts, and lots of fun activities! <i>Lunch included</i>	\$
EXTENDED CARE 3:30PM - 5:00PM \$10 Snacks included	\$
TOTAL:	\$

Child's First and Last Name: _____

Please return this completed form with the non-refundable registration fee to CIBC-Fremont, by June 20, 2019

I give permission for my child to participate in the CIBC-Fremont's VBS program. Media of my child's participation in VBS may be recorded and used/reproduced in any way CIBC-Fremont sees fit.

In the event of a medical emergency, I authorize the volunteer staff to make emergency medical decisions for my child if I or the emergency contact cannot be reached. I understand CIBC-Fremont and its' staff are not liable for actions taken during medical emergency.

Note: IF THE PARENT/GUARDIAN AND EMERGENCY CONTACT CANNOT BE REACHED, THE CHILD WILL BE SENT TO THE NEAREST MEDICAL FACILITY.

Parent/Guardian Signature _____ Date

Print Name

General and Emergency Contact Information

Child's First Name MI Last Name

Gender: M F Birthday: ____/____/____

Grade Completed: K 1 2 3 4 5 6

Attend Church: YES NO
If YES, Church's Name: _____

Home Address:

Father's Information:
Name: _____
Phone Number: _____
E-mail Address: _____

Mother's Information:
Name: _____
Phone Number: _____
E-mail Address: _____

Emergency Contact (If parents cannot be reached):

1. Name: _____
Relationship: _____
Daytime Phone Number: _____

2. Name: _____
Relationship: _____
Daytime Phone Number: _____

Health Insurance: YES NO
Insurance Carrier: _____

Food Allergies or Other Medical Concerns:

Authorized Pick-Up

Parent/Guardian: Please provide at least 2 people (including yourselves) who will be authorized to pick up your child.

1. Name: _____
Relationship: _____

2. Name: _____
Relationship: _____

Saturday VBS Fun Fair (Closing Ceremony)

Date: July 20, 2019

10:00-11:00 – Student Performances

11:00-11:15 – Visit Classrooms

11:15-12:00 – Lunch Time

12:00-2:00 – Games!

_____ Yes, I am attending

_____ # of children _____ # of Adults

_____ No, I cannot attend

If you have any questions, please call (510) 796-0114
or email cibcfvbssummercamp@gmail.com for more
information.