

VBS

REGISTRATION

June
22-26
9am-12:15pm

Gospel Light's SonSpark Labs

Discovering
God's Plan 4 U=Jesus!

Child's Name _____ Age _____
one form per child please

Address _____ Gender M F

City _____ Zip _____

Home Phone _____ Birthdate _____

Grade NEXT Year (2015-2016) Circle one: K 1st 2nd 3rd 4th 5th

Home Church _____

If not you, who will pick up your child?

Do you want a T-shirt? yes no

Please circle size

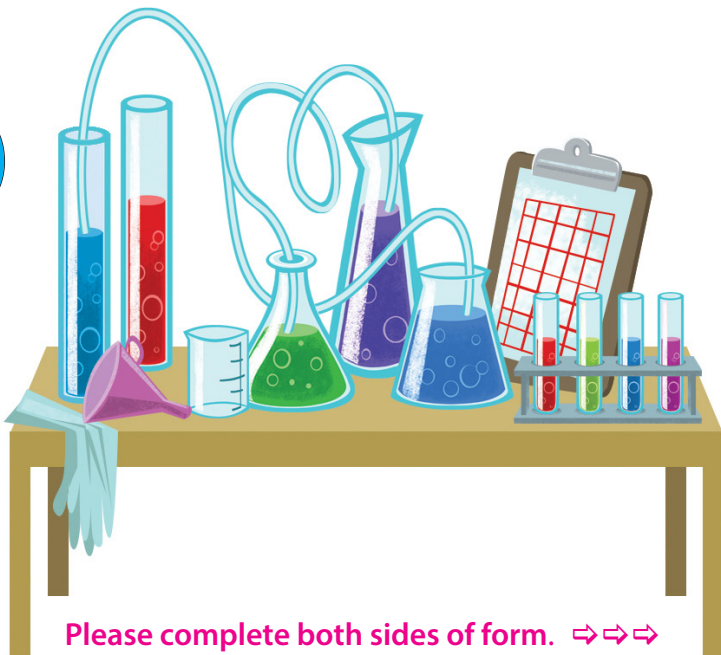
Child: S (6-8) M (10-12) L (14-16)

Adult: S M L XL

Attach \$15 check payable to CGCC
for each shirt. Last day to order June 8.

Paid \$15

Rec'd _____ Method _____ # _____ intl _____



Please complete both sides of form. ⇌⇌⇌

**CEDAR GROVE
COMMUNITY CHURCH**
2021 College Ave,
Livermore, 94550
925.447.2351
www.cedargrove.org

Cedar Grove Community Church VBS Medical Information

Child's Name _____ Birthdate _____

Registration form needed for each child.

Parent's Names		
Cell Phone		
Work Phone		
Email		

*In case of emergency affecting your child, every effort will be made to notify you immediately.
In the event we cannot contact you we need the following information.*

Alternative Emergency Contact _____ Phone _____
Friend/Relative

Doctor _____ Phone _____

Dentist _____ Phone _____

Please list any **allergies** and their treatment (especially food, drug or insect allergies).

Please list any **ailments** or disabilities that might restrict your child's activities.

Your comments _____

Are all medical shots up to date? yes no Date of last tetanus shot _____

Does your child regularly receive medication? yes no

Medication: _____ Current dosage: _____

Medication: _____ Current dosage: _____

Important – This box must be complete for attendance

Parent/Guardian Authorization: My child has permission to engage in all VBS activities except as noted. I hereby give permission to CGCC to administer prescribed medications and seek emergency medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CGCC to secure and administer treatment, including hospitalization for the person named above. I release Cedar Grove Community Church and its respective agents from any liability for injury or damage, and assume all risks for my child's participation.

I hereby give Cedar Grove permission to use my child's likeness in photography for publications and VBS videos.

Signature of parent or guardian Printed Name _____ Date _____

Signature of parent or guardian