

Summer 2018 Vacation Bible School Registration Form – Shipwrecked

When: **June 11<sup>th</sup> – 15<sup>th</sup>, 2018.**

From: **6:00pm to 8:40pm**

Where: Evangelical Formosan Church of Los Angeles  
9537 Telstar Ave. #101  
El Monte, CA 91731

Phone: (626) 450-7676 Ext 16

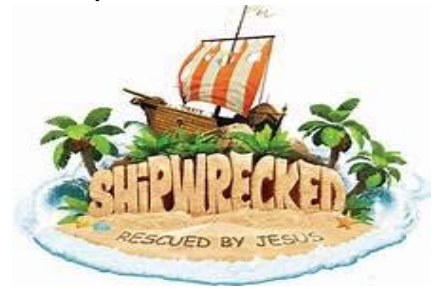
Registration fee is \$20.00 (includes snacks & VBS t-shirt).

Please make your check payable to: EFCLA, write your child's name in the memo.

This VBS program is for **pre-school kids to incoming 5<sup>th</sup> graders.**

If you have any questions, please contact with **Ruth Kuo**, CM Director: (626) 450-7676.

Please keep this top portion for your records, turn in bottom of the form with your payment.



**EFCLA – Summer 2018 VBS Program – Shipwrecked (Please print clearly)**

Participant Name: \_\_\_\_\_ Gender: [ ] M [ ] F

Current Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant Address: \_\_\_\_\_

Parents: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Name of participant you would like to be grouped together: \_\_\_\_\_



**Emergency Release**

As parent / guardian, I authorize treatment by a qualified and licensed medical doctor for the child named above, in the event of a medical emergency which in the opinion of the medical doctor may endanger the life of the child, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

\_\_\_\_\_  
Printed Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent/Guard

\_\_\_\_\_  
Relationship

**2nd Emergency Contact**

Name: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Custody Issue: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Clinic: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

I authorize EFCLA – CM to take photographs / videos of my child during my child's enrollment in the program. I understand that the photographs/videos will be used in the VBS activities and for volunteer training purpose and /or EFCLA – CM promotional purpose.

I consent to photographs/videos of my child (please check one) [ ] YES, [ ] NO