

Last Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

# Community Church of Joy

723 – 233<sup>rd</sup> Avenue N.E., Sammamish, WA 98074 • (425) 868-6879 • www.ccoj.org

Presents



**August 6 - 10 • 9:00 – 11:30 a.m. • Cost: \$15 per child, \$10 for additional siblings**

## Registration Form

**First Name/s**

**Age as of August 6**

**Grade going into this fall**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Names/Ages of Other Children in Your Home** \_\_\_\_\_

**Parents' or Guardians' Name(s)** \_\_\_\_\_

**Special Needs/Allergies/Information we might find helpful about your child:** \_\_\_\_\_

**Church and/or religious affiliation:** \_\_\_\_\_

As a safety precaution, children will only be released to those listed on this form at the end of each day. If other arrangements need to be made, please speak to your child's teacher.

**Please complete the medical/photo release on the reverse side of this form ⇨**

## Medical Release Form

Effective: August 6, 2007 Expires: August 10, 2007

**As parents or legal guardians of the following child/children:**

**Child's Legal Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**I hereby release Community Church of Joy and those involved in organizing and implementing Vacation Bible School activities from any responsibility and/or liability in the case of an accident or injury incurred at Vacation Bible School, other than cases involving active negligence.**

**I hereby authorize any of the Community Church of Joy Vacation Bible School leaders, who are 18 years of age and older, to consent to any medical or surgical treatment of the above named child which such person deems advisable IN CASE OF EMERGENCY.**

**Home address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Emergency contact person in the event the parent cannot be reached:** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_

**Name of Policy Holder** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Please list any chronic illnesses or allergies of your child/ren:** \_\_\_\_\_

**Please list any medications your child is currently taking:** \_\_\_\_\_

**Photo Release:** Children's Ministries may photograph your child for the closing ceremony slide show and photos may also be used in other church publications. If you would like your child to be excluded from being shown, please contact the church office. Otherwise we will consider this signature consent for such purposes.

**Signature:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Printed Name**