

## C.I.B.C. – Fremont VBS Registration Form

Please print and include all the information requested. Please sign medical form or your incomplete form will be returned.

Child's Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Boy  Girl

BirthDay: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_ Circle Grade Completed: K 1 2 3 4 5 6

Language Spoken at Home \_\_\_\_\_  
(English, Cantonese, Mandarin)

Attend Church? Yes  No  Where? \_\_\_\_\_

How did you hear about this VBS? \_\_\_\_\_

Have you attended previous VBS at CI -Fremont? Yes  No

### Parents/Guardian:

First Name Last Name Relationship Day Phone

First Name Last Name Relationship Day Phone

### Emergency Contact (other than Parents/Guardian):

First Name Last Name Relationship Day Phone

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Food Allergies or other Medical Concerns: \_\_\_\_\_

Please return completed form with nonrefundable registration fee (\$10 per child) to CIBC-Fremont, 37365 Centralmont Place, Fremont, CA 94536 on or before July 5, 2009 (no registration form will be accepted after July 5, 2009).

I give permission for my child to participate in the CIBC-Fremont's VBS program. In the event of a medical emergency, I give the person(s) in charge the medical authorization to make emergency medical decisions for my child if I and the emergency contact cannot be reached. I understand that CIBC-Fremont and its staff are not liable for actions taken for any medical emergency.

Note: PERMISSION WILL ONLY BE USED IF THE PARENT/GUARDIAN AND EMERGENCY CONTACT CANNOT BE REACHED.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2009 Vacation Bible School



Chinese Independent Baptist Church of Fremont  
 菲蒙華人自理浸信會

Registration Fee: \$10 per child, nonrefundable

Registration & Authorized Pick Up Forms –  
 Return Date: before 7/5/2009

<b>Dates:</b> SonRock 2009	Closing Ceremony
Monday thru Friday	Saturday
July 13-17, 2009	July 18, 2009
9:30 a.m. to 12:30 p.m.	10:00 a.m. to 2:00 p.m.

For all boys and girls who have completed grades K through 6





# Authorized Pick Up Form

I authorize the following persons to sign in / sign out and pick up my child(ren),

\_\_\_\_\_, from CIBC Fremont,

first and last name(s) of children

SonRock VBS 2009. Otherwise, I will provide a handwritten note.

Authorized Person

Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_  
First Name Last Name

Parent/Guardian Signature

Date \_\_\_\_/\_\_\_\_/09

