

Summer 2016 Vacation Bible School

REGISTRATION FORM

일 시 : 2016 년 8 월 15 일(월) - 19 일(금) (For the Older Group) / 17 일(수)은 쉽니다.
2016 년 8 월 22 일(월) - 26 일(금) (For the Younger Group) / 24 일(수)은 쉽니다.

장 소 : 밀알 장애인 콤플렉스 (30 Legregni St. Saddle Brook, NJ 07663)

1. Child 1: (first)_____ (Age)_____

Child 2: (first)_____ (Age)_____

2. Home Address: _____

3. Home Phone: _____ 4. E-mail: _____

4. Parent/Guardian's Name: (English)_____ (Korean)_____

5. In case of emergency, who and where can we contact on behalf of the student?

___ Same name as above Cell Phone: _____

___ Name 2: _____ Relationship to the registrant: _____ Cell Phone: _____

Please, have your cell phone turned on and ready during this week.

6. Allergies/medical information or other dietary concerns:

7. Who will pick up this child from VBS each day? (**Drop-off at 11:00 am; Pick-up at 3:15 -3:30 pm**)

___ same as above

___ Name: _____ Phone: _____

10. Payment: \$100 (per child) for 1 week

Make Checks payable to America Wheat mission in NJ and write your children's name in memo.

11. Registration Due: July 29, 2016 (Friday)

Please send registration form to us before the due date.

12. Parent/Guardian Consent

I, as a parent/guardian of this child, agree with the terms and regulations provided by America Wheat Mission's Summer 2016 Vacation Bible School. In case of injury or accident, I will not hold it against the mission or the VBS staff. Should there be any matter of concern or dispute, I will cooperate with the mission and the VBS staff to seek understanding in order to edify Christly love and peace within this community of faith instead of rushing to accusation and blame.

If you agree, (Print your name)_____ (Sign)_____ (Date)_____