



Village Church Registration Form for Summer 2017

Allergy
 Confirmation Letter

1	Child Name (s)	Gender	Grade finished By June 1	Date of Birth	Age by June 1	T-shirt Size Child (XS, S, M, L) Adult (S, M, L, XL)
	1.					
	2.					
	3.					
Street Address:		City:		State:		Zip:
Mother's Name:			Father's Name:			
Preferred Phone:			2nd Phone:			
Work Phone:			E-mail:			

2	Dates	Time	Price	# of Children	Cost
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Child Care Programs

#1	Kid's Day Out (Ages 3-8)	June 7 - July 12 <i>6 Wednesdays</i>	9:30 - 2:30	\$165		
#2	Kid's Day Out for 2s (2 years old)	June 7 - July 12 <i>6 Wednesdays</i>	9:30 - 2:30	\$175		

Vacation Bible School

VBS is dependent on Parent Volunteers!

Check days to HELP: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

#3	Morning Session for Vacation Bible School <i>Preschool - 5th grade (Preschool age 3 by 9/1/16)</i>	July 17 - July 21	9:00 - 12:00 noon	\$15/child (\$30 family max)		
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Day Camp

#4	Heartland's TRAVELING Day Camp <i>Completed K - 6th grade Drop-off and Pick-up at Village on Antioch 14895 Antioch Rd., Overland Park</i>	July 31-Aug. 4	8:30 - 4:30 14895 Antioch Rd Overland Park	\$80		
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Creations by Kids (CbK)

#5	CbK Summer Camp <i>Ages 4-6 and completed K - 6th grade Classes are \$85 unless noted in brochure.</i>	June 5 - July 21	B4 CARE \$5 a day available 8 a.m. - 9 a.m. each week		B4 Care Week (s): & Circle Days: M T W Th F					
	CBK	B4 Care ✓	Name of Child MORNING Class	9:00 - 12:00 A.M. Session	\$	Name of Child AFTERNOON Class	12:30-3:30 P.M. Session	\$	Sub Total \$	For Office Use: CFM 420-05 Total CbK 420-14 Total KDO 420-15 Total **Grand Total Due at Time of Enrollment
Week 1 June 5-9			1.			1.				
			2.			2.				
			3.			3.				
Week 2 June 12-16			1.			1.				
			2.			2.				
			3.			3.				
Week 3 June 19-23			1.			1.				
			2.			2.				
			3.			3.				
Week 4 June 26-30			1.			1.				
			2.			2.				
			3.			3.				
Week 5 July 3-7	No CbK classes this week, have a happy 4th of July!									
Week 6 July 10-14			1.			1.				
			2.			2.				
			3.			3.				
Week 7 July 17-21			1.			1.				
			2.			2.				
			3.			3.				

Summer payment due in full at time of enrollment. Refunds dependent on availability; see pg. 2 of brochure.

*Children are very important to us at Village Church.
We want your child to feel love, trust, comfort, and a sense of well being while
in our care. Please help us by providing the following information:*

Church Office USE ONLY	
Date Payment Received	_____
420-05 \$ _____ Ck # _____	Cash <input type="checkbox"/>
420-14 \$ _____ Ck # _____	Cash <input type="checkbox"/>
420-15 \$ _____ Ck # _____	Cash <input type="checkbox"/>
NOTES:	

3 Please tell us a little about your child(ren) -- likes, dislikes, etc.

4 Are you: Village Church Member Village Preschool Village KDO Village Day Care Community

5 Name of Physician _____ Telephone _____

Hospital Preference _____

Allergies or special needs _____

(If no allergies or special needs, write none.)

Include activities that your child cannot participate in _____

Name and Telephone number of people to contact if parents cannot be reached:

Name _____
(relationship)

Name _____
(relationship)

Telephone _____

Telephone _____

Names of other people to whom child may be released _____

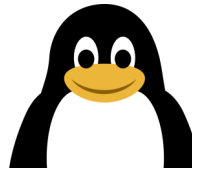
Occasionally photos are taken of summer activities. **Not signing the box below indicates your permission to display photos of your child(ren).*

PHOTO EXEMPTION ONLY Form for MINOR CHILDREN

I hereby **DO NOT ALLOW** Village Presbyterian Church to publish the photographs taken of all enrolled minor children for use in the church's printed publications and website.

Signature: _____ Date: _____

**If this box is not signed, Village Church has permission to use pictures of enrolled child(ren)*



6 All Campers: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT and/or TRANSPORTATION

- I, _____, give permission for Village Church authorized staff to take my child(ren) _____, to the hospital/physician listed below and/or Med-Act for emergency treatment should the need arise while my child(ren) are in the custody of any of the Village Church summer programs.
- I hereby give permission to the church representative to sign and effectuate any release, waiver, or other written agreement by any hospital, physician, or other medical provider in order that my child(ren) may receive such medical attention.
- Immunizations are up-to-date and my child(ren) can participate in all activities unless otherwise stated above.
- I further authorize a representative of Village Church or 2017 Summer Leader to transport my child(ren) on a walking field trip or off-campus field trip if applicable.

Hospital/Physician of preference _____

*(Please wait to sign here in the presence of a notary.
We have notaries at Village Church.)*

Signature of parent/guardian _____

State of: Kansas

County of: Johnson

This instrument was acknowledged before me

on _____ by _____
date name of person

Signature of notarial officer _____

Expiration Date (seal): _____