

Village Church Registration Form for Summer 2018

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:		Email:				

2		Dates	Time	Price	# of Children	Cost
	Child Care Programs					

#1	Kid's Day Out (Ages 3-8)	June 6 - July 11 <i>5 Wednesdays</i>	9:30 - 2:30	\$150		
#2	Kid's Day Out for 2s (2 years old)	June 6 - July 11 <i>5 Wednesdays</i>	9:30 - 2:30	\$160		

Vacation Bible School	VBS is dependent on Parent Volunteers! Childcare available for volunteers! Check days to HELP: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___					
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#3	Morning Session for Vacation Bible School <i>Completed Preschool - 5th grade (Preschool age 3 by 9/1/17)</i>	July 16- July 20	9 - noon	\$15/child (\$30 family max)		
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Day Camp						
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#4	Heartland TRAVELING Day Camp <i>Completed K - 6th grade Drop-off and Pick-up at Village on Antioch * 14895 Antioch Rd., Overland Park *see brochure</i>	July 30-Aug. 3	8:30 - 4* 14895 Antioch Rd Overland Park	\$85 + \$40 bus*		
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Creations by Kids (CbK)						
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#5	CbK Summer Camp <i>Ages 4-6 and completed K - 6th grade Classes are \$90 unless noted in brochure.</i>	June 4 - July 20	B4 CARE \$5 a day available 8 - 9 a.m. each week	B4 Care Week (s): _____ & Circle Days: M T W Th F		
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CBK	B4 Care ✓	Name of Child MORNING Class	9 - noon A.M. Session	\$	Name of Child AFTERNOON Class	12:30-3:30 P.M. Session	\$	Sub Total \$	For Office Use:	
Week 1 June 4-8		1.			1.				CFM 420-05 Total	
		2.			2.					
		3.			3.					
Week 2 June 11-15		1.			1.				CbK 420-14 Total	
		2.			2.					
		3.			3.					
Week 3 June 18-22		1.			1.				KDO 420-15 Total	
		2.			2.					
		3.			3.					
Week 4 June 25-29		1.			1.					
		2.			2.					
		3.			3.					
Week 5 July 2-6		No CbK classes this week, have a happy 4th of July!								
Week 6 July 9-13		1.			1.				**Grand Total Due at Time of Enrollment	
		2.			2.					
		3.			3.					
Week 7 July 16-20		1.			1.					
		2.			2.					
		3.			3.					

Summer payment due in full at time of enrollment. Refunds dependent on availability.

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:	

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:

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. If a FOOD allergy, indicate a safe snack)

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 2018 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): _____