Lava Lava Island VBS 2004 Registration Form

Name of Parent or Guardian: _____

Home address: _____ City: _____

State: _____ ZIP: _____ Home telephone: ( ) _____

Home e-mail address: _____

Do you currently attend a church? (circle one) Yes No

If yes, name of church _____

Are you interested in attending a Women's Class? (circle one) Yes No

How did you find out about our VBS? _____

Child's Name:	Date of Birth:	Age:	Grade Completed:

IN CASE OF EMERGENCY: I hereby authorize an adult leader of this activity, as an agent for me, to consent to any x-ray examination, medical, dental, surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of parent or guardian _____ Date _____

Medical Information: Specifying food allergies is very important as we will be providing snacks each day.
Allergies/Medical Conditions/Dietary Restrictions (please specify which child.)

_____

_____

Medications being taken _____

_____

Physician's Name _____ Phone ( ) _____

Medical Insurance Carrier _____ Policy Number _____

Member's Name _____

Preregistration Deadline: Monday, July 19, 2004

(After this date, walk-in registrations welcome.)

If you have any questions, please call San Lorenzo Japanese Christian Church at (510) 483-9455.

Please mail completed registration forms to: San Lorenzo Japanese Christian Church, 615 Lewelling Blvd., San Leandro, CA 94579, Attention VBS Registrar, or fax it to (510) 483-9472.