

2008 VBS Enrollment Form

Registration Information

Application must be filled out completely, including signature, and accompanied with full payment.

Due to the limited amount of children that we can facilitate, only those applications that are paid in full by July 27th 2008 will be guaranteed a space at VBS.

Please tear and keep the "registration information" part of the application form for your record.

Cost includes souvenirs, student class materials, various art projects, seven meals and snacks.

Register before July 20, 2008 and pay \$20.

After July 20, 2008 registration fee will be \$25.

Payments must be made in full by the above dates to qualify for the price.

If paid by check, write checks payable to:

First Burmese Baptist Church

Please put your child or children's name at the bottom of the check.

Contact persons:

Shirley Choo 650-238-7830

Elizabeth Makha 650-794-0729

How to contact your child during VBS

Address: First Burmese Baptist Church
380 21st Avenue
San Francisco, CA 94121
Tel: 415-751-3834

EMERGENCY: Rev. Dr. Latt Yishey 510-754-9275

Note: Please have your child bring some offerings as we will be collecting the offering during the sessions as a part of the VBS program. The offering will be used to help people in need.

Please keep the above portion for your information.

Please complete and submit the followings:

Medical and Liability Release

Child's Information:

Name: _____ Tel: _____

Address: _____ City: _____ Zip: _____

Gender: _____; Age: _____; Grade completed: _____

Parent's / Legal Guardian's

Name: _____

TEL: (Day) _____ (Night) _____ Emergency _____

Medical Information*

Does Child Have: (check all that apply)

Heart Trouble Diabetes Lung Trouble Asthma Skin Problems Sinus Infection

Date of last Tetanus: _____ Allergic to _____

Medication Allergies: _____

List allergies and medications taken for control:

List all medication that child may be taking:

Dosage: _____ Pharmacist Phone _____

*Please make sure all medications are turned in to designated personnel upon arrival. All medication child is presently taking (including over the counter) must be in original pharmacy bottle indicating dosage, intervals and child's name. NOTE: PLEASE INSPECT CHILD(REN) FOR HEAD LICE OR NITS PRIOR TO VBS. NO CHILD CAN BE PERMITTED TO REMAIN AT VBS IF THESE ARE PRESENT.

Emergency Contact Person/Tel#:

List any activities for health reasons your child cannot be involved in:

As Parent/Guardian, I hereby authorize and request a hospital emergency staffed physician to administer any procedure which in their judgment may be necessary. I also give permission to the First Aid Person to release pre-prescribed medication and non prescribed medication such as aspirin.

Parent/Guardian Signature: _____

2008 VBS Participation Consent Form

- I authorize my child(ren) _____ to attend and participate in all sessions of the VBS from July 31, 2008 to August 3, 2008.
- In addition he / she will sleep over at the FBBC San Francisco, on Thursday, July 31, 2008 and / or Friday, August 1, 2008. The child must be at least 11 years old for sleep over.
- My child(ren) will abide by the rule and regulations of the VBS program.

Parent's Signature: _____

Date: _____