# Thanksgiving VBS Registration Form

## The Church of God in Oakland

3350 MacArthur Blvd • Oakland, CA 94602• Phone: 510-747-8713 E-Mail: childrenministry@bachurch.org Web: www.bachurch.org

Student Name(s)	Date of Birth	Current Grade (K to 8 <sup>th</sup> )	Elective for K to 5 <sup>th</sup> Grades (Please √ one)	PM Care for K to 8 <sup>th</sup> (Add'I \$10 / person, √ if req'd)
			<ul> <li>Science + Dance<sup>1</sup></li> <li>Science + Arts &amp; Crafts</li> </ul>	
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			<ul> <li>Science + Dance<sup>1</sup></li> <li>Science + Arts &amp; Crafts</li> </ul>	

<sup>1</sup>Dance class limited to the first 12 students.

Parent / Guardian Name:					
	dress:				
	State:_				
Phone Nu	mber:	_Email Address:			
In case of emergency contact (Name):					
Emergency Phone Number:					
Any Allergies or other Medical Conditions:					
	Church Remarks Only:				
	Date rec'd:		Tuition Paid:		

Others:\_\_\_





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## Authorization Form (家長授權書)

I	, parent / guardian of	authorize the followings.
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### Child Pick-Up

I authorize the following persons to pick up my child from VBS of the Church of God in Oakland. I hereby agree to inform the following persons that proper identification (Driver License) will be required to pick up my child. 本人特此准許以下的成人接送本人的孩子.本人同意並通知以下成人在接本人孩子時必須提供適當的身份證明 (駕駛執照或身份證):

1.	Name	Phone #	Relationship
2.			
3.			

#### **Photo Release**

I authorize and consent to the use of his/her visual image by the Church of God in Oakland for appropriate purposes, including but not limited to: still photography, video, electronic images, print publications, and the website of the Church of God in akland. I give this consent with no claim for payment. 本人授權和同意屋崙神的教會採用本人孩子攝影和電子圖像用作適當的用途,包括並不限於:製成印刷品、刊登於屋崙神的教會網頁上。本人同意及不作出金錢要求。

I certify that I have carefully read and do understand the above statements. 本人已經讀此家長授權書,且完全理 解授權書中的文字和語言。

Parent/Guardian Signature

Parent/Guardian Name

Date

Parent s Phone Number