



CCCGA Hosanna Kids
VBS 2017
Registration Form
 紐約首府華人基督教會
 2017 兒童聖經學校



DATE: August 14th (Monday) – August 18th (Friday), 2017

TIME: 8:30am-3:30pm

COST: \$20.00 per child (lunch included)

Child Age: 5 - 11 yrs old

Please make check payable to: CCCGA

Send both registration form and check to: Jimmy Lo (if by mail, please send to CCCGA 901 Madison Ave. Albany, NY 12208) Contact Phone: (518) 364-6999 Email: chengminlo@gmail.com

Parents/ Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ mergency Phone: _____

Child's Name	Birthday (mm/dd/yy)	Grade as of (Sep. 2017)	Boy/Girl	Cost:\$20

Special needs (Allergies to food or Medical Information):

For Official Use Only:

Method of Payment

Check Cash Amount Received: _____

Check No: _____ Date: _____

Comments: _____

Emergency Medical Release

I/We _____ (parent/guardian) give permission to administer Emergency medical care for the child(ren) listed on the registration from when I/We cannot be reached at the time of emergency. I/We will be responsible for the Emergency medical charges upon receipt of all billing statements in the event Emergency care is required. I/We have indicated our hospital of choice, doctor's name and phone number as indicated below. Chinese Christian Church of Greater Albany and its associates are released from any and all responsibilities in regards to decisions made during the time of an emergency. In the events that I/We cannot be reached, an associate from Chinese Christian Church of Greater Albany has the authority to make an Emergency decision, based upon the advice of the doctor in charge, to administer treatment if necessary.

Preferred Hospital of choice: _____

Doctor's Name: _____

Doctor's Phone: _____

Where can you be reached in case of an emergency? Phone: _____

I/We understand and agree to the emergency release as stated above:

Parent/Guardian Signature

Date: _____

Drop-off and Pick-up Policy

* Please drop off and pick up your child(ren) on time in the BASEMENT.

* Please do NOT let your child(ren) bring any electronics (laptop, tablet, gamepad, etc). Cell-phone is also NOT allowed. If you need to reach your child(ren), you may contact the VBS Director Jimmy Lo at (518)-364-6999.

* If you will not be picking up your child(ren), please indicate the authorized person responsible. I/We authorize only persons listed below to pick up my child(ren) from VBS at CCCGA. I/We understand that any change to this request must be done in writing and presented to VBS Director during pick up the day before or during drop off that morning. This policy will be strictly enforced to insure the safety of the children:

Pick Up Person: _____

Relationship: _____

Phone: _____

I/We understand and agree to the drop-off and pick-up policy as stated above:

Parent/Guardian Signature

Date: _____