



Registration Form

(One form per child please)
Cost \$10 per child



DINNER - FUN - SINGING - DRAMA - FUN - DEVOTION TIME

Child's Name: _____
Last First M.I.

Date of Birth: ____/____/____ Grade _____
Nickname, if applicable

Any Food Allergies? _____

Address: _____

City/State/Zip: _____

Parent/Guardians Name(s) _____

Home Phone: _____ Secondary Phone: _____

Home Church, if any: _____

Parents Email address _____

Would you like to receive our e-newsletter Yes No

Will be at the final Sunday Performance? Yes No

I understand that my child's image may possibly be used in photographs, video images, and/or sound recordings for the purpose of promoting this program. I forfeit the right to be compensated for these materials. Yes Please initial

I allow my child's image to be included in the final production and may be displayed online. Yes Please initial

The following people may pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Please call if there are any changes to the above information.

T-Shirt Size: **XS** **S** **M** **L** **XL** (These are children sized shirts.)

Not all programs will have t-shirts. Circle one please

How did you hear about this program? _____

Emergency Contact Information:

1. Custodial Parent/Guardian: _____ Relationship: _____

Contact phone #: _____ Secondary phone #: _____

2. Other: _____ Relationship: _____

Contact phone #: _____ Secondary phone #: _____

Office use only	Paid for this child \$ _____ (Actual \$ on check) _____
Date entered in computer _____	Check # _____
	Date on Check _____



Medical Information / Parent Consent / Release

Child's Name: _____

Doctor's Name: _____ Phone # _____

Insurance Company: _____ Policy # _____ Group # _____

Date of last tetanus: _____ (year is ok)

Does this child have allergies? _____

Does this child take any medication? _____

Special dietary needs/restrictions: _____

Any activity restrictions? _____

Other information? _____

The above medical information is correct to the best of my knowledge.

- 1. In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to any of the Emergency Contacts listed on the front to authorize any Medical Center and/or the Health Care Provider selected by Valley Christian Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.*
- 2. I also give permission to Valley Christian Church employees or volunteers to hold on to all medications and make them available to my child during the times they are to be taken.*
- 3. I fully and completely understand that my signature below releases Valley Christian Church of any liability or accident incurred by the above named child. I understand that Valley Christian Church only carries secondary insurance for children and that I will take primary responsibility for any charges occurring in the event the child named above should need any medical attention at any clinic, facility or hospital.*
- 4. I further agree that if I have a legal dispute with Valley Christian Church which cannot be settled through discussions between parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Oregon courts as qualified persons for mediation assignments.*

If you understand what you have read and agree, please sign below:

Signature: Parent / Guardian

Print Name: Parent / Guardian

Contact Phone #: _____

Date: _____

A little about our Program

Our Kids usually last 10 weeks. There are two programs per school year, one in the fall and the other in winter/spring. At the end of the 10 weeks we have a Sunday performance at Church. Each week we will learn about God and his love for us. Also we will be having dinner, devotion time, singing/practice and other fun stuff.



VALLEY CHRISTIAN CHURCH

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