**2017 KPCM VBS Student Registration Form**

(One per child)

\***Time & Date:** (Thurs.–Sat.) June 15th - 9:30 am–12:30 pm &

16th & 17th –10:00 am– 5:00 p.m.

\*For **Pre-K** (age 3 & 4) – Morning Sessions **ONLY**

**Fee:** $20.00 Per Child/ 3 or more children $50.00. Fee will increase to $25.00/3 or more children $60.00 after May 21st. Also included in the fee is a music CD, daily snack, and other items created by or given to the children. \*There will be **NO REFUND**.

Name (학생 이름): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (학부형 이름): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (전화번호): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address (이메일): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print neatly)

Age : \_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_ (Elem. only) Last grade completed \_\_\_\_\_\_\_\_

\* **T-Shirt size:** Youth **XS** (2-4)\_\_\_ Youth **S** (6-8)\_\_\_ Youth **M** (10-12)\_\_\_ Youth **L**(14-16) \_\_\_

\*\* Allergies/Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* In case of emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

\*Please understand that as a participant at KPCM’s VBS your child may be photographed during normal activities and these photos may be used on KPCM’s website or other promotional materials. (No names or personal information will be released.)

In the event of an emergency, I hereby authorize KPCM staff to obtain and give consent for medical treatment for my youth/child for such injury or illness that may occur during the program.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may return form with the payment to the church office.

**KPCM -** **5840 Humboldt Ave N, Brooklyn Center, MN 55430 (763) 560-6699**

**Contact: Grace Hur** - [kpcm.cm@gmail.com/](mailto:kpcm.cm@gmail.com/) 651-829-5837 Office Use: Check \_\_\_ Cash\_\_\_\_