



Dear Parent/Guardian

The Youth Association of Mar Yosip Parish, San Jose, California is offering **Vacation Bible School**. Please be sure to complete the application and emergency form below for each child. **Application must be submitted by June 4, 2017**

Children of ages 4 to 12 are able to participate in Mar Yosip VBS. Children between the ages of 4 and 6 **must** be able to sit in a classroom setting for 20 minutes at a time. Parents of children of ages between 4 and 6 are required to volunteer. Parent in attendance at VBS must be engaged in assisting with VBS tasks at all times. *We ask that parent volunteers not engage socially with other parents while VBS is in session.*

- Where:** At the church located at 680 Minnesota Avenue in San Jose, CA.
When: June 12 to 16, 2017 from 9:00am to 2:00pm, Check-in starts at 8:45am.
Fees: \$60 for each child/week, \$35wk for each additional child (If you're unable to pay, please see Fr. Lawrance about assistance w/VBS fees). Fees include mid-morning snack and lunch.
Whom: Children ages 4 to 12. Children between ages of 4 and 6 must be able to sit and participate in classroom activities and a **parent must be on church premises** as a volunteer during VBS hours.

Child Information

Last Name:	First Name:	Middle Initial:
Preferred Name:	Birth Date:	

Parent/Guardian Information

(Please provide information where you can be reached **during VBS hours**)

Mother/Guardian	Father/Guardian
Name:	Name:
Cell Phone:	Cell Phone:
Address:	Address:
Email:	Email:

I give my child names above permission to attend Vacation Bible School operated by the Sunday School of the Assyrian Church of the East, Mar Yosip Parish, San Jose, California. I release the Assyrian Church of the East, Mar Yosip Parish, from any liability to my child during the period of Monday June 12, 2017 to Friday June 16, 2017 whether on or off the church premises.

Parent/Guardian Signature

Date

VBS 2017 - Emergency Information and Release Form
Mar Yosip Parish, San Jose California June 12 - 16, 2017

Child Information

Last Name:	First Name:	Middle Initial:
Gender: (M) ____ (F) ____		Birth Date:
Physician Name:		Phone: ()
Address:		
Dentist Name:		Phone: ()
Address:		
Allergies:		Special Needs:
Medication		Asthma
Insect		Seizures
Food		Diabetes
Other		Other
Date of last Tetanus shot:		
Mother/Guardian		Father/Guardian
Name:		Name:
Address:		Address:
Cell Phone:		Cell Phone:
Email:		Email:

Emergency Contact Information

Name	Day Phone Number	Relation

Consent for Medical Treatment: I authorize Mar Yosip VBS child care personnel to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instructions from me for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her or to administer drugs and medication, administer a local of general anesthetic, and to perform such surgical and/or medical treatment as he/she shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life, and/or health and well-being. Any cost incurred in this treatment shall be paid by me.

The parent/guardian who signs this form accepts full responsibility for this information and gives consent for medical treatment. Only this parent/guardian can change the information. California law gives equal access to child's records and related information to parents/guardians with joint legal custody unless changed by a valid court order.

 Parent/Guardian Signature Date

 Parent/Guardian Signature Date