



Vacation Bible School

July 31 – August 4

9:00 a.m. to Noon. Four year olds through 5th grade

Registration Form

Cost: \$60 first child in family, \$50 each additional sibling

Name of Child(ren) _____

Age _____

Birth date _____

Grade Completed _____

Address _____

Phone - home _____ Office _____ Cell _____

Home church _____

Parent's names _____

Medical release (Effective dates: July 31 – August 4)

The undersigned, being either a parent with legal custody, or the legal guardian of the minor whose name appears below (the "Minor"), hereby authorizes any adult person at St. Clare's Episcopal Church, Pleasanton, California, into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and under the advice of a physician and surgeon or dentist licensed under California Law. This authorization is given pursuant to California Civil Code Section 25.8 and shall remain in effect during the dates listed above.

Minor's name _____ Birth date _____

Minor's name _____ Birth date _____

Minor's name _____ Birth date _____

Medical insurance company _____ Policy # _____

Doctor _____ Phone _____

Emergency contact _____ Phone _____

Known allergies or special needs _____

Signature _____ Date _____

Relationship to minor: _____ Father _____ Mother _____ Guardian