

CTPC – Upward Bound 2009 VBS (Registration Form)

2009 Vacation Bible School Theme

Upward Bound's backpacking adventure theme takes its cue from the thrilling ultimate expedition Jesus undertook when He left the heights of Heaven to carry out His early mission. Throughout their Upward Bound week, the children follow Jesus along His often perilous and always Heaven-bound incarnate journey.

Registration Deadline:
Register by July 22nd Wed.

Date of Event:
Aug 3 Mon. - Aug 7 Fri.

Hours of Event: 9AM - 3PM.

Location:
2036 Westmoreland St.
Falls Church, VA 22043

Notes:

-This form can be filled out as an alternate form for registration for this year's 2009 VBS at CTPC. If you fill out this form, you do not need to register online. Vice versa, if you have registered online, you do not need to fill out this form.

-Please fill out one form per child.

-Please send this form to:

VBS @ CTPC
2036 Westmoreland St.
Falls Church, VA 22033

-If you have any questions, please feel free to contact Pastor Ken Liu.

Phone: 703-863-3191
Email:
chesterbrook@gmail.com

_____ Male Female _____
CHILD'S NAME CHILD'S AGE GRADE COMPLETED

PARENT(S) / GUARDIAN(S) NAME(S)

STREET NAME, CITY, STATE, ZIP

HOME PHONE NUMBER

WORK PHONE NUMBER

EMAIL

How did you find out
about us? _____

- Do you regularly attend CTPC? Yes No
If yes, which fellowship do you attend?
 Children's Ministry (Preschool / K to 5th grade)
 Youth Group (Junior High through High School)
 College Group
 Young Adult / Abundant Life Ministry
 Taiwanese Congregation

RELEASE FORM

You **MUST** complete this release form with the **proper signatures** in order to attend VBS.

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Chesterbrook Taiwanese Presbyterian Church on August 3 Mon. – August 7 Fri, which encompasses our 2009 VBS program,. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise the undersigned should assume all transportation costs. The undersigned does also hereby give permission, in case of an emergency, for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Chesterbrook Taiwanese Presbyterian Church.

HOSPITAL INSURANCE: YES NO

INSURANCE COMPANY

POLICY NUMBER

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE #

ANY ADDITIONAL INSTRUCTIONS / CONDITIONS TO BE NOTED, PLEASE LIST THEM HERE
(EXAMPLES: food allergies, medicine schedules, etc..)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE