

2008 - 2009 KIDS WORSHIP ARTS CLUB APPLICATION

(for children currently enrolled in 1st - 6th grade)

PLEASE PRINT NEATLY

Name: _____
Last First Middle

Address: _____
Street Name City/State Zip Code

Telephone: _____ Day _____ Evening

E-mail: _____

Date of Birth: ____/____/____ Age: 6 7 8 9 10 11 12 Gender: M / F

Grade in School (Fall of 2008): _____

PARENTS/GUARDIANS INFORMATION (To be filled out by parent/guardian):

Father or Guardian Name: _____
First Last

Address: _____
Street Name City/State Zip Code

Telephone: _____ Cell: _____

E-mail: _____

Mother or Guardian Name: _____
First Last

Address: _____
Street Name City/State Zip Code

Telephone: _____ Cell: _____

E-mail: _____

CHURCH INFORMATION:

Home Church: _____

Pastor's Name: _____

Do you attend church regularly? _____ Yes _____ No

Health Record - Please fill out completely, no child will be admitted without a completed health record.

Emergency Contact Name & Number: _____

Health Insurance Company _____ Policy Number _____

Health Problems / Limitations: _____

Food Allergies ____ Yes ____ No Please list any food allergies: _____

Do you have any snack restrictions for your child: _____

My child may be given: Tylenol, Benadryl or Ibuprofen as deemed necessary. ____ Yes ____ No

Medical & Liability Release:

You have my permission for my child to attend the Kids Worship Arts Club and participate in its activities. I, acting on my own behalf, also release The Mission, its agent, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in the Worship Arts Club. I am aware of the risks associated with participating in camp and accept my child's participation with full awareness of these risks.

I authorize The Mission to use our child's picture or likeness in photographs or video in any and all of its publications and in any and all other media. We will make no monetary or other claim against The Mission for the use of such photographs or video.

I understand that while the above named student participates in the Kids Worship Arts Camp, he or she is responsible to abide by the rules set forth by The Mission, and to comply with all orders and directives of supervisory personnel. Any infraction of the rules by the student can result in dismissal from the program.

Parent signature authorizes emergency treatment in the event of illness/injury when parent is not immediately available.

Parent/Guardian Signature _____ Date _____

Child's Signature _____ Date _____

**Application Deadline - One week prior to the start of a session.
A \$10.00 late fee will apply after the deadline.**

The Mission
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