

# Plano Chinese Alliance Church

## Vacation Bible School 2019 - Registration

Who: Age 4 – completed 5<sup>th</sup> grade  
 Where: 5025 Custer Rd. Plano, TX 75023  
 When: July 22-26, 2019 | 9:00 AM – 12:00 PM

Pre-registration Fee (May 5th-June 23rd): \$25/child  
 Registration Fee (June 24th-July 21st): \$35/child  
 Week of Registration Fee (July 22nd-July 26th): \$45/child



CHILD INFORMATION (one child per registration form)	
Child's Name:	Birth Date:
Last Grade Completed:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Home Address (Street, City, Zip):	
Allergies/Special Needs (Please indicate any information we may need to know regarding your child, allergies, etc.):	

PARENTAL INFORMATION	
Primary Guardian Name (i.e. mother, father):	Phone:
Email:	Type: <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work
Secondary Guardian Name ( i.e. mother, father):	Phone:
Email:	Type: <input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work
I would like a pastor of PCAC to contact me: <input type="checkbox"/> yes <input type="checkbox"/> no	I would like to receive text updates leading up to and during the week of VBS
Do you attend a church regularly? <input type="checkbox"/> yes <input type="checkbox"/> no	
If so what is the name of the church you attend? _____	
	<input type="checkbox"/> yes   mobile: _____ <input type="checkbox"/> no

EMERGENCY CONTACT (other than parents)	
Emergency Contact Name:	Phone:
Relationship to Child:	

**\*Registration is not completed until full payment has been made**

MEDICAL & MEDIA RELEASE; LIABILITY WAIVER (Signature below is required.)	
I, hereby, give the person in charge permission to act on my behalf should it be necessary for my child to have medical treatment while participating in a church activity; to secure medical services or hospitalization deemed necessary and appropriate by the physicians. I absolve PCAC from any and all forms of negligence and wrong treatment incurred in procurement and process of the hospitalization and medical treatment. In addition, I will not hold PCAC, its pastoral staff, governing board, counselors, and any volunteer leaders responsible in the event of any other emergency involving my child. I understand that as a participant in PCAC VBS, my child may be photographed or videoed. Therefore, I release PCAC from any and all liability to use these materials for presentation and promotional purposes.	
Parent/Guardian Signature:	Date:

### Office Use Only

FEE RECEIVED BY:	DATE:	AMOUNT:	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
Check payable to: PCAC (indicate VBS in the memo)			