

We are now accepting registration for 2007 Vacation Bible School, held at the Chinese Christian Church of New Jersey (CCCNJ).

Who: Preschoolers: 4 to 6 years old (must be 4 years old by August)
 Elementary-aged kids: completed 1st grade to 5th grade

Where: Chinese Christian Church of New Jersey
 232 South Beverwyck Road, Parsippany, NJ 07054

When: August 6th - 10th

	Monday	Tuesday	Wednesday	Thursday	Friday
Preschool	8:45 D/O 12:00 P/U check-in	9:00 D/O 12:00 P/U	9:00 D/O 12:00 P/U	9:00 D/O 12:00 P/U 6:00 dinner 7:00 family night	9:00 D/O 12:00 P/U
Elementary	8:45 D/O 12:00 P/U check-in	9:00 D/O 12:00 P/U	9:00 D/O 12:00 P/U	9:00 D/O * do not P/U * 6:00 dinner 7:00 family night	9:00 D/O 12:00 P/U

D/O: Drop Off

P/U: Pick Up

What: Music, Bible Stories, Crafts, Snacks, Games

Family Night: Dinner starts at 6 PM on Thursday, followed by a program in the sanctuary at 7 PM. The program will end around 8 PM.

Cost: \$15.00 per Preschooler
 \$25.00 per Elementary-aged Kid

Registration will begin on June 3rd. Please invite other children to come to VBS, to learn about God in an exciting way!

For additional information, contact Sharon Hwuang at: (973) 335-0183 ex. 14
 or (973) 263-4784 email: sharonhwuang@gmail.com

Event name / Location: Vacation Bible School at Chinese Christian Church of NJ

Event dates: August 6 - 10, 2007 **Event Sponsor:** Children's Ministry

In consideration for being accepted by Chinese Christian Church of New Jersey for participation in the above event, we (I), being 21 years of age or older, do for ourselves (myself) [and for and on behalf of my child-participant if said child is not 21 years of age or older] do hereby release, forever discharge and agree to hold harmless Chinese Christian Church of New Jersey and its officers or staffs or co-workers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above event.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. Further, we (I) [and on behalf of my child-participant if said child is under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in work activities and recreation involved in the therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its officers, staff and co-workers for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

For participant under age of 21 years:

We are (I am) the parents or legal guardian of this participant. In case of emergency and if family physician can not be reached, We (I) hereby give our (my) permission to take said participant to a Certified Emergency Personnel (i.e. EMT, doctor or hospital) and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

By signing below, I acknowledge that I have read and understand the above and that I accept the conditions contained herein. I also represent with signature below that by signing on behalf of the child indicated below, I am the legal guardian of the said child.

Participant: _____ (one sheet per participant)

X _____

Print the name of parent or legal guardian

Relationship

X _____

Signature

Date

The purpose of this information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. It shall be maintained to keep information most updated.

Name: _____ **Date of**

Birth: _____

Family physician: _____ **Phone:**

Hospital Preference:

Insurance company: _____

Policy number: _____

Emergency contacts:

Name

Phone

Relationship

_____ Name

_____ Phone

Relationship

Please list any allergies/medical problems, including those maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder, etc.)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Any other medical information may be useful:

Signature of parent _____ Date _____