

유아부

2024 VBS 등록서

일시: 6월 27-29일 (오전 10시-오후 1시)

1살 부터 47개월까지인 아이들은 이 등록서를 사용해 주시면 감사하겠습니다.

아이 정보 Child's information	Name: 이름:	Date of Birth: 생년월일	
음식 알러지 Food allergies			
보호자 정보 Parent's Information	Name:	Phone number:	
집 주소 Home Address			
응급 연락처 Emergency Contact	이름: Name:	전화번호: Phone #:	관계: Relationship:
섬기는 교회 Home Church			

알림:

- 매일 교회에서 점심을 제공합니다.
- 유아부는 안전상의 이유로 라이드를 제공하지 않습니다.

베이사이드장로교회 유아부

MEDICAL TREATMENT

I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The parent/guardian shall be liable and agree(s) to pay any and all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

저는 미성년자(학생) 를(을) 치료할 수 있는 선생님께서 위급 상황에 X-ray 검사나, 마취,수술, 치과 진단과 치료, 병원치료를 할 수 있다는 것에 승인합니다. 그리고 응급치료 면허를 소지한 의사나 치과의사가 미성년자 (학생) 를(을) 치료 할 수 있다는 것에도 동의합니다. 부모/ 보호자는 이 승인에 따라 앞에서 언급한 아동과 청소년에게 제공되는 의료 및 치과 서비스와 관련하여 발생하는 모든 비용을 지불할 책임이 있으며 이에 동의합니다.

Allergies to medicine or Medical Conditions: _____

Activity restrictions: _____

LIABILITY RELEASE: In consideration of 베이사드장로교회 allowing the above child to participate in Vacation Bible School activities, I, the parent/guardian, do hereby release, forever discharge and agree to hold harmless 베이사드장로교회, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for a possible covid-19 exposure, accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child while involved in Vacation Bible School. Furthermore, I [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein.

Media Release

I give permission for the staff and volunteers of 베이사이드장로교회 to photograph, videotape and/or record my child/children for purposes of in-house church use and/or for public information for promotion of the church (i.e. brochures, websites, newspapers, radio, television).

Note: All information will remain confidential to VBS Staff.

I give my child _____ permission to attend and participate in
(Name/이름)

베이사이드장로교회 VBS during the period of June 27-29, 2024.

Parent/Guardian Signature: _____ **Date:** _____

베이사이드장로교회 유아부