



VBS 2026 유치부 등록서

“TASTE HIS MIRACLES”

June 25-27th

Thurs. 목 & Fri. 금 4-7pm | Sat. 토 10am-3pm

아이 이름과 학년 Child's Name & Grade	Name	이름	아이 현재 학년 Current Grade (동그라미로 표시해 주세요. Mark with a circle)	
	1.		PRE-K	/ K
	2.		PRE-K	/ K
	3.		PRE-K	/ K
음식 알러지 Food Allergies	Egg Peanut Milk Tofu Other _____			
보호자 전화번호 Phone Number				
응급 연락처 Emergency Contact	이름 Name:	전화번호 Cell #:	관계 Relation to child:	
섬기는 교회 Home Church				
픽업요청 Transportation (동그라미로 표시해 주세요. Mark with a circle)	A) 아니요 No B) 예 Yes If YES (“예”로 답하셨다면): B1) 필요한 날 Which days do you need a ride? <u>Thurs.</u> <u>Fri.</u> <u>Sat.</u> B2) 집 주소 Home address: _____			

*픽업 구역 Transportation regions: Bayside area, Fresh Meadows, Flushing, Little Neck.

** 라이드는 3 일 동안 한 장소에서만 가능합니다. 그리고 픽업 장소와 하차 주소가 같아야 합니다.

Transportation is only available from 1 location for all 3 days. Pickup and drop off destination must be the same.

알림 Announcements:

1) 매일 교회에서 점심을 제공합니다. 2) 라이드는 정해진 구역만 가능합니다. 3) 아이들의 안전을 위해 라이드가 필요한 5 살 미만 아이들은 보호자가 같이 밴을 타시면 감사하겠습니다.

1) Lunch will be provided by the church everyday. 2) Transportation is available only within the designated regions.

3) For safety reasons, children under the age of 5 who need transportation must be accompanied by a guardian.

(뒷장에 싸인 해주세요! Turn to Sign!)



FOR EMERGENCY PURPOSES ONLY: MEDICAL TREATMENT ADHERANCE (응급 시 의료수칙)

I, the guardian of the registered child(ren) 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.

미성년자(학생) 를(을) 치료할 수 있는 선생님께서 위급 상황에 X-ray 검사나, 마취,수술, 치과 진단과 치료, 병원치료를 할 수 있다는 것에 저는 승인합니다. 그리고 응급치료 면허를 소지한 의사나 치과의사가 미성년자 (학생) 를(을) 치료를 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 or other common illness 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)

Please Sign Here!

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

베이사이드장로교회 KPCB VBS during the period of June 26-28, 2025.

보호자 싸인 **Parent/Guardian Signature:** _____ 날짜 **Date:** _____

Note: All information given on this registration form will remain confidential to VBS Staff only.