

# 2017 Vacation Bible School

**Bread Of Life Church**

2780 Lomita Blvd, Torrance, CA 90505  
 tel 310.325.7777, fax 310.325.7853  
 www.breadoflifechurch.org

## Registration Form

**July 24 – 29, 2017**

Monday – Friday ▶ 8:45am – 12:30pm  
 Saturday Party ▶ 9:30am – 12:00pm

early-bird registration by June 18 • \$40  
 regular registration by July 9 • \$45  
 multiple children discount • \$5  
 (for each additional child in same family)



Welcome to Galactic Starveyors VBS, where kids will discover the God of the universe! This summer we will learn about the relationship God has had with us since the creation of the world, how that relationship was broken by sin, restored by Jesus, and continues until Jesus comes again! Each day will emphasize a key Bible truth which will be reinforced daily through Bible stories, music, crafts, snacks, games, and more!

Classes are available for children entering K-6<sup>th</sup> grade this fall. Due to space limitations, registration will close when full. Please sign up early – one form per child. Make checks payable to: *Bread Of Life Church*.

Child's Name \_\_\_\_\_ Boy / Girl Birthdate \_\_\_\_\_  
 Parent / Guardian \_\_\_\_\_ Child's Grade this fall \_\_\_\_\_  
 Parent / Guardian's Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

Child attends a church:  weekly  monthly  occasionally  does not attend

Child is a BOL Summer Day Camp student: yes / no

Does your child have allergies? yes / no Does your child have any special needs? yes / no

If so, please describe (use back of page for additional space): \_\_\_\_\_

<b>Staff Use Only</b>	Amount Paid \$ _____	Scholarship \$ _____	Donation \$ _____
	<input type="checkbox"/> Staff member discount	<input type="checkbox"/> Multiple children discount	<input type="checkbox"/> Cash / <input type="checkbox"/> Check # _____
	Date received: _____	Combined payment with: _____	





# Medical Release Form

I/We, the undersign, parent/guardian of \_\_\_\_\_, a minor, do hereby authorize Bread Of Life Church leaders as agent(s) for the undersigned and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that if authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective **July 24 to 29, 2017** unless sooner revoked in writing delivered to said agent(s).

Signed \_\_\_\_\_  
Parent / Guardian

Date \_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Please list any required medication, special conditions, or medical needs not already listed on the registration form.

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