



2020 REGISTRATION FORM

SOUTHBAY COMMUNITY BAPTIST CHURCH
 448 FRANCIS DRIVE, SAN JOSE, CA 95133 | 408-926-2621

Please Print Clearly. Enrollment is for children entering grade 1-6 in the 2020-2021 school year.

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Grade (In Sept.): _____

City: _____ Zip: _____ Home Phone #: _____

Main Contact Email: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

Does your family attend church regularly? ___ No ___ Yes – which church? _____

Child's T-shirt (*Please circle*) Youth: M (10-12) L (14-16) Adult: S M L XL

Planned Camp Attendance

Please **check** which weeks your child will be in attendance at camp and if Early/Extended Care is desired.
 [NOTE: there is no prorated cost for partial week attendance, full week must be paid]

Camp Hours: 9:00am - 3:30pm | Early Care: 8:30am-9:00am | Extended Care: 3:30pm – 6:00pm

					June			Attending?	E/E Care?
Mon	Tues	Wed	Thurs	Fri					
15	16	17	18	19	Week One			<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	Week Two			<input type="checkbox"/>	<input type="checkbox"/>
					July				
29	30	1	2	3	Week Three			<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10	Week Four			<input type="checkbox"/>	<input type="checkbox"/>
13	14	15	16	17	Week Five			<input type="checkbox"/>	<input type="checkbox"/>

Total number of weeks attending - _____

Total number of weeks of early/extended care - _____

Day Camp Costs					
Total number of weeks	1	2	3	4	5
First child*	\$130	\$240	\$345	\$440	\$525
Each additional child	\$120	\$220	\$315	\$400	\$475
Early/Extended Care	\$10	\$20	\$30	\$40	\$50

Please use the chart to fill in the amount due for this individual registration.

Daycamp	<input type="text"/>
E/E Care	<input type="text"/>
Total Amount Due	<input type="text"/>

**If total number of weeks differ between children. The first child is considered to be the one who is attending the most number of weeks.*

For Office Use Only	
Date Received _____	Payment Cash Check # _____ Amount \$ _____
Applied for Scholarship? Yes No	Amount Approved \$ _____

Emergency Contact, Medical Information and Permissions

Please Print Clearly

Additional Emergency Contacts

*In case we are unable to reach you, list up to two additional people we may contact in emergencies

Person #1: _____ Relationship: _____ Phone: _____

Person #2: _____ Relationship: _____ Phone: _____

Medical Emergency Information

Health Plan: _____ Medical/Coverage #: _____

Doctor's Name: _____ Phone #: _____

IMPORTANT MEDICAL INFORMATION

Please indicate in the space below (Example: Asthma, allergies, conditions, medications)

PERMISSION FOR MEDICAL TREATMENT

I hereby authorize Southbay Community Baptist Church (SCBC) to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified Physician, or Licensed Dentist, called by SCBC may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort must be made to notify me (Parent/Guardian) before such action will be taken. I also agree to accept responsibility for the cost of above medical services. This authorization is given pursuant to the provisions of Section 56.21 of the Civil Code of California and Section 35331 of the Education Code of California.

Parent/Guardian's Signature: _____ Date: _____

PERMISSION TO PARTICIPATE IN CAMP ACTIVITIES

I hereby consent to have my child participate in programs, events and field trips supervised by the SCBC staff and volunteers. I understand that these may occur both at SCBC as well as other nearby locations. My child has permission to travel to, attend, and participate in SCBC sponsored activities.

Parent/Guardian's Signature: _____ Date: _____

PERMISSION FOR MEDIA USAGE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the child named above. I also grant the right to edit, use, and reuse said products for educational and informational purposes including use in print, on the internet, and all other forms of media. I understand that his/her last name and residence will not be used for publicity purposes. I also release SCBC from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian's Signature: _____ Date: _____