

2018 Vacation Bible School Registration

2018 여름성경학교 신청서



- ♣ **WHO:** Preschool 3 through 5th grade (2017-18 School Year)
유아 3세 - 5학년 (2017-18 학년 기준)
Toddler 2 with parent volunteer 유아 2세는 부모님 동참
- ♣ **WHEN:** June 18-22, 2018 (Mon-Fri), 9:30 am – 12:30 pm
2018년 6월 18일-22일 (월-금), 오전 9시 반 - 오후 12시 반
- ♣ **WHERE:** KUMC of Greater Washington (1219 Swinks Mill Rd., McLean, VA 22102)
- ♣ **THEME:** "SHIPWRECKED – Rescued by Jesus "
- ♣ **FEE:** **Early Bird with Full Payment** (by Sunday, May 20, 2018)
\$30/child, \$50 for two, \$70 for three
Regular Registration (May 21-27, 2018)
\$40/child, \$65 for two, \$90 for three
* Check payable to: KUMCGW * Memo: name(s) of your child(ren)

Final Registration deadline is May 27, 2018.

Registration will NOT be accepted after the deadline.

원활한 준비를 위해 마감 후에는 신청을 받지 않으니, 기한 내에 신청서와 신청비를 제출해주시기 바랍니다.

* **Questions?** Contact Pastor Jiyeon Kim (jykim@kumcgw.org) or Ms. Jennifer Lee (nejseel@gmail.com).

STUDENT/CHILD INFORMATION 학생/아동 정보

Name: _____ **Grade (2017-18):** _____ **Shirt Size:** _____
(Indicate youth or adult)

* Any allergies/medical conditions we should be aware of? 알려지 및 주의사항

PARENT OR GUARDIAN INFORMATION 부모/보호자 연락처

Name of Parents/Guardian: (1) _____ (2) _____

Email: (1) _____ (2) _____

* If you would like to receive announcements and updates via text message, leave your cell number(s).

(1) _____ (2) _____

Emergency Contact # 응급상황시 비상 연락처: _____

My child(ren) has/have my permission to attend KUMCGW VBS 2018. I assume and accept all risks and hazards inherent in church-related social activities. I agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person(s) named above. Also, in the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for the person(s) named above, as deemed necessary. I also agree to accept full financial responsibility for the cost of such treatment.

Signature: _____ **Date:** _____

Office Use: Check # _____ Cash _____ Date _____
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