



# Arise Kids

## 2018 Fall Registration Form

Date: 9/15, 10/6, 10/20, 11/3, 11/17, 12/1 Saturday nights  
 Time: 7:00pm - 9:00pm  
 Location: Arise Church (42828 Albrae Street, Fremont, CA 94538)

### Children Classes are for Kindergarteners - 5th graders

**Basketball:** This class is for K-5th grade boys and girls who want to learn basic basketball techniques and competing in basketball games.

**Jr. Chef:** This class is for K-5th grade boys and girls who want to learn and explore more about cooking delicious food.

Child's First/Last Name	Grade (Fall)	Sex (M/F)	AriseKids Program selection
			1 <sup>st</sup> choice:
			2 <sup>nd</sup> choice

Arise church will try placing your child into your 1st choice first, but if the class is full, we will place the child to the 2nd choice selection.

### **Class Registration Fee:**

**\$90** for a K - 5th grade child who registers the same class for 6 sessions with material cost

### **Registration Opens now** (registration form, waiver/consent form, and fee)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Father Email \_\_\_\_\_ Mother Email \_\_\_\_\_

Parent volunteers in Jr Chef Class: No/Yes in Basketball class No/Yes

If yes, select dates 9/15, 10/6, 10/20, 11/3, 11/17, 12/1

**NOTE:** Children who have volunteered parents will have priority for the classes. We will stop the registration once we reach the maximum limit of children.

## Liability/Wavier/Consent Form

I give Arise Church permission to take photos and videos of my child while my child participates in the Arise Kids children program. I give consent to Arise Church to use the videos and photos to be used in Arise Church promotional materials and website. I also give Arise Church permission to show Christian related videos or songs while my child participates in the class.

In the event of a medical emergency, I give the volunteer staff authorization to make emergency medical decisions for my child if I or the emergency contact cannot be reached. I waive any claims of personal injury and release Arise Church (church, staffs and volunteers) from any liability of the event.

Father's Name \_\_\_\_\_ Father's phone number \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Mother's phone number \_\_\_\_\_

Parent/Legal Guardian Print Name \_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## General and Emergency Contact Information

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Grade at school \_\_\_\_\_ Language(s) spoken at home: English/Mandarin/Cantonese  
Attend church Yes/No If yes, church name \_\_\_\_\_  
How do you know about this program? Attending Arise Church \_\_\_\_\_ Newspaper \_\_\_\_\_  
Friends(Name) \_\_\_\_\_ Relatives(Name) \_\_\_\_\_ Website \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Health Insurance: Yes/ No  
Insurance Carrier \_\_\_\_\_

Food Allergies or other medical or health needs: \_\_\_\_\_  
(If food allergies, please be very specific.)