



# Arise Kids

## 2018 Summer Registration Form

Date: 7/7/18, 7/14/18, 7/21/18, 7/28/18, 4 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.

**Creative Clay Making:** This class is for K-5th grade boys and girls who want to learn creative ways in making clay models.

Child's First/Last Name	Grade (Spring)	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.

Pre-K Program Child Name \_\_\_\_\_ Child Age \_\_\_\_\_

Nursery Child Name \_\_\_\_\_ Child Age \_\_\_\_\_

### Class Registration Fee:

**\$60** for a K - 5th grade child who registers the same class for 4 sessions with material cost

**\$20** for a Pre-K child for 4 sessions and nursery is **Free**.

**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 Basketball class No/Yes If yes, select dates 7/7, 7/14, 7/21, 7/18

Parent volunteers in Creative Clay Making class No/Yes If yes, select dates 7/7, 7/14, 7/21, 7/18

## 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.)