

Greetings, Parents!

The *House of God in San Francisco* is having a Summer Bible Day Camp, and we would like to invite your child to join us.

For one week, your child will meet new friends, and learn about God, the Heavenly Father, who loves each one of us.

We will have fun with singing, games, crafts, group activities, and learning from the Bible.

- Ages 5 to 13 (Grades 1 to 8)
- Drop-off starts at 8:45 A.M.
- Lunch will be provided
- Pick up by 4:15 P.M.

Come join us for a fun-filled week!

There is no charge for the Summer Bible Day Camp, so bring your child before Jesus to freely receive what He has freely given.

Space is limited.

**Registration must be received by
May 23, 2014.**

1345 Kansas Street | San Francisco, CA 94107
415-282-2006 | www.hgsf.net

Contact Person:
John Chu | 415-318-6957

SBDC Registration Form (One form per child.) / *Please print legibly.*

Child's Name

Home Address

City & Zip Code

Grade (Fall 2014) Age Birthdate (MM/YY) Gender

Home Phone Number

Father's Name Work Number Cell Number

Mother's Name Work Number Cell Number

How did you hear about this camp?

Emergency Contact

In case of an emergency, all efforts will be made to contact a parent first. If a parent is unavailable, the following individuals will serve as the next line of contact:

Name Relationship to Child

Work Number Cell Number

Name Relationship to Child

Work Number Cell Number

Pick Up

Only authorized persons may pick up your child at the end of the day. List all authorized persons, including parents, who may pick up your child:

Name Relationship to Child

Name Relationship to Child

Name Relationship to Child

Name Relationship to Child



Medical Information

Please print legibly. Do not leave any spaces blank.
If not applicable, please write "None."

Insurance Provider _____ Policy Number _____

Physician's Name _____ Phone Number _____

Allergies (Include any medications or food to which your child is allergic.)

Medical Conditions/Disorders (Disclose any health related conditions which may require special attention.)

In case of an accident or acute illness where I cannot be contacted, I authorize the supervising adults to call an emergency ambulance and to arrange for necessary emergency medical and surgical care. Any licensed physician called by the supervising adults may treat and do whatever is necessary for the health and well-being of my child. It is understood that a conscientious effort will be made to notify me (parent/guardian) before such action will be taken. I agree to accept responsibility for the cost of all medical services, including any transportation costs to or from the service. I also release the *House of God in San Francisco* and its officials, supervising adults, and volunteers against any and all claims for injuries.

Parent or Guardian's Signature _____ Date _____

Parent or Guardian's Printed Name _____

Please complete both sides of the form and return this portion to:
House of God in San Francisco
1345 Kansas Street
San Francisco, CA 94107

House of God in San Francisco

presents

**Summer Bible
Day Camp
2014**



But to all who have received Him, those who believe in His name, He has given the right to become God's children.

John 1:12 (New English Translation)

June 23 - 27, 2014
Monday - Friday
9 A.M. to 4 P.M.