

2022 Vacation Bible Camp at EFC East Valley



July 25- July 29, 2022
Daily 9 a.m. - 2:30 p.m.
07/29 Closing Ceremony

LOCATION:

20625 La Puente Road, Walnut
909.300.5213 (telephone)
909.594.4253 (fax)
childrens@efcev.org (email)

Early Fee (04/24-05/22):

\$70 for first child
\$65 for second child and additional

Regular Fee (05/23-06/26):

\$75 for first child
\$70 for second child and additional

Late Fee (06/27-07/17):

\$80 for first child
\$75 for second child and additional

*Late Grace Fee (07/18-07/25):

\$90 for first child and additional
* If there are spots available

Make check payable to **EFCEV**

There are no refunds!

registration fee is not tax deductible

SNACKS & LUNCH

daily fruit, snacks and lunch served

Office Staff

Amount paid:

Check #:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Grade Level of Child, as of Fall 2022 _____ (Kindergartners through 6th grade ONLY. No exceptions)

Do you currently attend a church? [] YES [] NO

If yes, our home church is _____

VBC is open to the community. Parents are responsible for timely drop off (beginning at 8:45am) and pick up (beginning at 2:30pm) of their children. There will be a penalty free of \$15 for late pickup after 2:45pm. If your child is sick, please keep them at home.

Parental Consent & Waiver of Liability

I, _____ (parent's name), hereby authorize my child, _____ to participate in all VBC activities with EFC East Valley from July 21 through July 29, 2022, between 8:30am– 2:45pm. My child may receive medical care or treatment from the teacher, staff, or a hospital in case of an emergency. I will not hold Evangelical Formosan Church of East Valley or any of its members, board members, governance, and staff liable for any illness, accident, or even death that may occur to my child or any expenses incurred in the treatment while my child is attending the above activity. This authorization is given pursuant to the California Civil Code, Section 25.8.

Any medical needs, allergies or restrictions that we should know about: _____

My child is allergic to the following food: _____

Family Doctor/ Pediatrician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact Name: _____ Relationship to Child: _____

Phone: _____ Cell: _____

Signature of Parent/ Guardian: _____ Date: _____

East Valley's Vacation Bible Camp Covid-19 Agreement Form

I, as a parent/guardian of my child, voluntarily accept the risk that my child may be exposed to or infected by COVID-19 throughout East Valley's Vacation Bible Camp (VBC) activities, which may result in personal injury, illness, disability, or even death.

I understand that any precaution is not 100% effective to prevent COVID-19 infection.

I understand that I am responsible for my child to be free from any Covid-19 symptoms before participating in any VBC activities. These symptoms are listed below. **I understand that if my child has one of these symptoms, then I will keep my child home.**

- Fever of 100.4°F or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other symptom identified by WHO

I understand that I will immediately notify VBC staff if I become aware that my child or their family member demonstrates any symptoms mentioned above, or is advised to self-isolate, or has tested positive, or is assumed to be COVID-19 positive.

Who to contact:

Church office phone number: **(909) 594-1647**

Children's Ministry email: **childrens@efc.org**

By signing this agreement, I certify that I have read and understood the risk of exposure to COVID-19 by my child's participation; that I will notify VBC staff of my child's contact with Covid-19; and that I will keep my child home if they have any symptoms of illness.

Parent/Guardian Signature

Date

Child's First and Last Name