



ENROLLMENT FORM

Herose Vacation Bible School & Summer Programs (VBS)

Mission Statement:

Herose (VBS) is a non-profit ministry branch of Santa Rosa 1st Church of God. Our purpose is to provide youth ages 4-18 with a fun and adventurous Christian experience. We ask for a donation to continue to offer service to our community. The aim of the outreach center and the (Santa Rosa 1st Church of God - HEROSE VBS) & Summer programs is to spiritually, socially/emotionally, physically, prepare children and their families for the upcoming years.

Childs' Name: _____ **DOB:** ___/___/___

Gender: M F **Grade** _____ **School** _____

Address _____ **ZIP** _____

Mothers' Name _____

Address (if different) _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Work Address _____

Father's Name _____

Address (if different) _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Work Address _____

With whom is child living? Mother Father Both Other:

Church Affiliation (if applicable) _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name: _____

Relation to child: _____ **Home phone:** _____

Work phone: _____ **Cell phone:** _____

HEROSE (VBS) & Summer Programs

STATE DAYCARE EXEMPTION:

I understand that the Herose (VBS) Program is an Summer Program recreational center and Not a daycare. In as such their stock in trade is not supervision and care. The intent of Herose Program is to teach various skills to include, but not limited to: integrity, accountability and our activities are geared toward team work and team building to build healthy relationship . I understand Herose (VBS) Program is a drop in facility in as such my child(ren) is/are free to come and go. If my child(ren) stays at the Herose (VBS) Program it is because of my direction and not the Herose (VBS) Program.

Parent(s) Signature: _____ ***Date:*** _____

Parent(s) Signature: _____ ***Date:*** _____

WAVER AND RELEASE:

Parent and child(ren) agree that child(ren) engaging in physical exercise, the use of equipment, and use of Herose facilities, which can be dangerous to the child(ren) and could cause injury to the child(ren). My Child(ren)is/an voluntarily participating in these activities and Parent and child(ren) assume all risks of injury to the Child(ren). Parent and Child(ren) hereby waive and release and claim or right to sue Herose (VBS) program or Santa Rosa First Church of God, employees and agents for injury to child(ren). Parent and/or Child(ren) have carefully read this waiver and release and fully understand it is a release of all liabilities and damages to Herose, and/or Santa Rosa First Church of God, because of any injury that may occur. Herose (VBS) and/or Santa Rosa First Church of God will make no evaluation or recommendation whether child(ren) or guests are physically fit of any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, or our sports programs.

I, the undersigned, do hereby agree to abide by the rules, which may be explained verbally or in writing at Herose (VBS) and Santa Rosa First Church of God facilities. In consideration of my membership and/or participation in any activities held by or on behalf Herose (VBS) and Santa Rosa First Church of God, I, for myself and my successors, heirs, and assigns, do hereby release and discharge Santa Rosa First Church of God, Rev. Linda Robert, and/or their agents from any and all claims, demands and causes of actions of any nature which I or my heirs and assignments may have against them for, on account of, or by reason or arising in connection with any activities and/or programs held on behalf of Herose (VBS) Program and hereby waive any claims, demands and causes of action.

LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY:

Herose (VBS) Program does not assume any responsibility for the loss, damage or theft of any property belonging to the Child(en), and the Child(ren) agrees that the facility and its personal are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the facility.

Parent(s) Signature: _____ ***Date:*** _____

Parent(s) Signature: _____ ***Date:*** _____

***Herose Vacation Bible School & Summer Program
Acknowledgment***

I, _____, the undersigned parent/guardian of _____, have received and reviewed the Herose (VBS) & Summer Programs agreement, rules, and Parent/Guardian Handbook. I agree to/understand the following:

- I understand the rules and regulations of Herose (VBS) & Summer Programs, and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a member of head staff at any time.
- I understand that Herose (VBS) provides a daily snack as part of the program.
- I understand that my child will not be allowed to leave the building unless I, or a person I have designated ahead of time, have signed him/her out at the front desk.
- I understand that I must provide written authorization in order for Herose Vacation Bible School & Summer Programs staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

Parent Signature _____ Date _____

Director Signature _____ Date _____

***Herose After School & Summer Programs
Health Form***

Child's Name _____ **DOB** ___ / ___ / ___

Physician's Name _____ **Phone** _____

Insurance Carrier _____

Known Allergies (Food, Drug, Insect, etc)

Current Medications (Name of medication, dose, reason taken)

If my child has a minor issue, such as headache or stomach ache, I give head staff permission to give children's over-the-counter medication such as Tylenol, Motrin, or Tums to my child.

(Parent signature) _____ **Date:** _____

Please include a copy of your child's current immunization record.

(Parent signature) _____ **Date:** _____

***Herose (VBS)l & Summer Programs
Pick-up Authorization Form***

Child's Name _____

Parent/Legal Guardian _____

Please list any individual you wish to authorize to pick up your child from Herose (VBS). If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.

1. _____ Phone: (____) _____
2. _____ Phone: (____) _____
3. _____ Phone: (____) _____
4. _____ Phone: (____) _____
5. _____ Phone: (____) _____

If necessary, please continue list on an attached sheet.

Please list any individual NOT authorized to pick up your child from Herose (VBS).

1. _____
2. _____
3. _____

I, _____, attest that I have filled out the above information. I understand that I must give prior notice to the Herose program if anyone other than the listed parents/guardians is to pick up my child.

Parent Signature _____ **Date** _____

***Herose After School & Summer Programs
Vehicle Emergency Medical Information***

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Phone _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if Herose cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____