

KIDS KALEIDOSCOPE OF MUSIC (KKOM) REGISTRATION FOR 2008-09

(PLEASE FILL OUT THIS FORM ~LEGIBLY~ FOR EACH CHILD THAT YOU REGISTER - OK TO COPY)

Child's Name: _____ Boy: _____ Girl: _____ Birthday (M/D/Y)* _____
*MUST BE 5 YEARS OLD BY SEPTEMBER 1

Home Address: _____ City: _____ Zip: _____

Other Address: _____ City: _____ Zip: _____

Check here if both home and "other address" need notices mailed **Child's Home Phone #:** _____

Mother's Name: _____ Home Phone #:(SAME AS ABOVE) _____ Work Phone #: _____

Mother's E-Mail: _____ Cell Phone #: (_____) _____
PLEASE WRITE LEGIBLY

Father's Name: _____ Home Phone #:(SAME AS ABOVE) _____ Work Phone #: _____

Father's E-Mail: _____ Cell Phone #:(_____) _____
PLEASE WRITE LEGIBLY

Grade entering in Fall*: _____ School Attending: _____ City: _____
*MUST BE ENROLLED IN KINDERGARTEN AND 5 YEARS OLD BY SEPTEMBER 1

Church home: _____ City: _____

List food allergies, medical concerns, behavioral concerns or learning disabilities below: **(All information is considered confidential.)**

none _____

My Child plays or has played the following instrument(s): _____

My Child participates in: His Kids God Squad puppets VCE Talent Show VCE Spanish Soccer Base/Soft/Basket-ball
 OTHER: _____

PLEASE NOTE: TO EXPEDITE PROCESSING, PLEASE RETURN THIS FORM DIRECTLY TO THE VCC CHURCH OFFICE.

FOR OFFICE USE ONLY

Date Received: _____	Amt. Received: _____	Check #: _____
Registration #: _____	Handbook Sent on: _____	Name Badge: _____

Rev. 8/12/08

EMERGENCY MEDICAL RELEASE FOR KKOM

My child has my permission to participate in Kids Kaleidoscope activities on and off the Valley Christian Center campus. In the event of an accident, injury or sudden illness, I request Valley Christian Center (VCC) and Kids Kaleidoscope of Music (KKOM), to try and contact me. It is up to me to keep the information below current. If VCC and KKOM are unable to reach me, I hereby authorize them to call the physician indicated below and to follow their instructions. If the physician is not available, I give my permission to a VCC and KKOM representative to make emergency medical/hospital/dental decisions for my child on my behalf. I release Valley Christian Center and its representatives from any liability. Authorization is given pursuant to Calif. Civil Code Section 25.8.

Signed: _____ Date: _____

Physician's Name: _____ Phone #: _____

Emergency Contact(s)**: _____ Phone # _____

** (Other than parents)

2nd Contact: _____ Phone #: _____

My insurance carrier is: _____ Policy #: _____

NOTE: If someone other than you will be picking up your child, we will need written notice signed by you as the parent/legal-guardian. Please add name(s) to the bottom of this form of adults authorized to pick up your child. If any changes need to be made to the below list, we will also need written notice from you. Thank you.

The following adults have my permission to pick up my child, should I be unable to do so:

(please turn over)

CHILD'S FULL NAME: _____ TODAY'S DATE: _____

PLEASE NOTE: To Expedite Processing, Please Return This Form Directly To The VCC Church Office.

PAYMENT	FEE STRUCTURE	CHOIR HELPERS
<p>Make checks payable to: Valley Christian Center</p> <p>Turn in this completed form (one per child) and payment to:</p> <p>► VCC church office, c/o Worship Arts Department, or mail to:</p> <p>Valley Christian Center c/o Worship Arts Department 7500 Inspiration Drive Dublin CA 94568</p> <p><i>Reduced registration fees are available for children/grandchildren of Kids Kaleidoscope Of Music (KKOM) WEEKLY STAFF. For more information on eligibility, please call the Worship Arts office: (925) 560-6224</i></p> <p>(Rev. 8/12/08)</p>	<p>The total fee is \$150.00 per child. <i>Fees are designed to cover all rehearsals and related expenses for the year. Fees are due at time of enrollment.</i></p> <p><i>There is a multiple child discount for children who come from the same family.</i></p> <p>Two children per family costs \$270.00. Three children per family costs \$410.00. <i>For four or more children, please contact the Worship Arts office: (925) 560-6224.</i></p> <ul style="list-style-type: none"> ▪ Total Number of Children You Are Registering: _____ ▪ Total Paid: \$ _____ ▪ Cash: _____ Check: _____ (Check #: _____) <p><i>Credit Card Payment is available – please contact the Worship Arts Department for more information: (925) 560-6224</i></p> <p>Choir begins on Tues. September 16, 2008</p> <p>My child needs: Escort from *VCE to choir? ___ Yes ___ No</p> <p>Escort 5:15 to *VCE Day Care? ___ Yes ___ No _____ occasionally</p> <p>*Valley Christian Elementary</p> <p style="text-align: center;">SORRY, NO REFUNDS OR PRO-RATING AVAILABLE.</p>	<p>We welcome you all to join our volunteer staff. Nursery care is available for Staff and Volunteer's children who are under five years of age, if pre-arranged.</p> <p>You will be contacted periodically for various needs. Your participation encourages all of us and is a great opportunity to experience what your children are learning!</p> <p>For each Tuesday and all performances we need parent choir helpers to assist our directors & staff.</p> <p style="text-align: center;">AREAS OF NEED (please check where you can help):</p> <p>___ I can escort children from VCE to choir at 3:15pm _____ weekly _____ occasionally</p> <p>___ Tuesday rehearsals (no musical training required) _____ weekly _____ occasionally</p> <p>___ Prepare weekly Tuesday Snacks _____ weekly _____ occasionally</p> <p>___ Piano accompanist (Tuesdays or Sundays) _____ weekly _____ occasionally</p> <p>___ I can help with sign-in (3:15pm) or sign-out (5pm) _____ weekly _____ occasionally</p> <p>___ I have some musical training</p> <p>___ I used to play (instrument): _____</p> <p>___ I can help with telephone calls occasionally</p> <p>___ I like to do simple crafts</p> <p>___ I have experience teaching choreography</p> <p>___ I can inventory children's crosses after they sing</p> <p>___ I can help during Productions with one or more of the following (<i>help in waiting rooms, help with meals, crafts & games, clean-up</i>)</p> <p>___ I can help during productions with stage make-up</p> <p>___ I can help with one or more of the following: (<i>stage sets; design & strike, costumes, sound, spotlight</i>)</p> <p>___ I know sign language and can help teach it</p> <p>___ I can help with administrative aspects of the program</p>

FIRST DAY OF CHOIR: September 16, 2008 ~ ~ ~ ~ 3:30 – 5:00 P.M.

and PARENT ORIENTATION ~ ~ ~ ~ ~ 5:05 – 5:40 P.M.

(children may attend orientation as well) **Both are held in the Sanctuary. SEE YOU THERE!**

I will read, with my child, the forthcoming policy and mission statements in our Chorister's Handbook, especially those pertaining to attendance and Director's expectations for each chorister's conduct.

We pledge to honor the policies and goals of the Kids Kaleidoscope of Music (KKOM) Program, and will plan to attend as many Sunday performance/ministry obligations as possible. We are looking forward to a great year of music together.

Parent/Guardian Signature (in agreement with the above): _____

K-6th are dropped off and signed out weekly in the foyer* of the Sanctuary.

**unless otherwise noted on the schedule (first version is in the Chorister's Handbook)*

A parent, guardian or assigned adult is required to sign out each child.

The sign-out table is our Parent Information Table. Please check with the P.I.T. crew for hand-outs.