

2008-09 CEBC KOINONIA CHILDREN PROGRAM

CEBC KOINONIA CHILDREN PROGRAM
REGISTRATION FORM

DATE: Saturdays, September 13, 2008 to May 9, 2009

PLACE: Cornerstone Evangelical Baptist Church
801 Silver Avenue (near Cambridge St.)
San Francisco, CA 94134

TIME: 9:00 AM - 12 NOON

MEMBERSHIP FEE: \$135 per year

AGES: 2 1/2 to 11 years old GRADES: Preschool, K-5

The CEBC KOINONIA CHILDREN PROGRAM is a year round children's program which takes place on Saturday mornings. The goals of this program are to develop the character of each child using Christian principles and to develop the skills of each child using different activities. Each child will build his/her character as he/she interacts with his/her peers and has new experiences under caring supervision. Each child will learn skills appropriate to his/her age group. All activities will be under trained supervision.

To register for the program, either send or bring the registration form and membership fee (make checks payable to *Cornerstone Evangelical Baptist Church*, 801 Silver Avenue, SF, CA, 94134). YOUR CHILD IS NOT OFFICIALLY REGISTERED UNLESS PAYMENT ACCOMPANIES THE REGISTRATION FORM. Capacity is limited and registration will be closed when maximum number is reached.

We also reserve the right to suspend any child for disciplinary reasons. There will be NO REFUNDS.

For more information, please contact Florence Gong at (415) 587-7242 or by email at Florence.Gong@cebc.net.

I give permission for the following child to participate in the CEBC Koinonia Children Program. I will not hold Cornerstone Evangelical Baptist Church, the staff or agents responsible for any accident, injury or illness that may occur. In addition, in the case of accident, illness or injury, parents give permission for medical attention to be administered to their child.

CHILD'S NAME _____ GIRL BOY

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____

E-MAIL ADDRESS _____

SCHOOL _____ SWEATSHIRT SIZE _____

BIRTHDATE _____ GRADE IN FALL 2008 _____

FOOD ALLERGIES/MEDICAL CONDITIONS _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____

RELATIONSHIP _____

TELEPHONE (____) _____

PAGER (____) _____

CELL PHONE (____) _____

PARENT'S SIGNATURE _____

For Office Use Only	
Initials	_____
Date	_____
Amt Rec.	_____