

## 2018 VBS REGISTRATION FORM

Yes, we want to do VBS at Christ Presbyterian Church on June 18-22, 2018 from 9-12 Noon

Name of Child: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last school grade completed (as of June 2018): \_

Home church: \_\_\_\_\_

In case of emergency:

Primary Contact: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Allergies or Medical conditions: \_\_\_\_\_

Dietary restrictions (No milk, peanuts, etc.): \_\_\_\_\_

Other important information about your child that will help us provide appropriate care: \_\_\_\_\_

\_\_\_\_\_ Insurance Company \_\_\_\_\_

\_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Insurance Group and Policy Numbers: \_\_\_\_\_

I, the undersigned parent or guardian, do hereby grant permission for the above named child to attend Vacation Bible School at Christ Presbyterian Church on **June 18-22 ,2018; 9AM to 12 noon**. In the event of an emergency where medical treatment is required, I give permission to the church staff to obtain the services of a licensed physician. I understand that the emergency contact person or myself will be notified immediately concerning any such emergency. I hereby release and discharge the adult leaders, event staff and Christ Presbyterian Church from any and all debts, judgments or suits of any kind that may arise by my child's participation in this event. Payment of any medical expenses will be paid by me or by my insurance company.

\_\_\_\_\_  
Parent/Guardian's Printed Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date