

# Vacation Bible School Registration

June 25-28 | 5:45 -8:00 pm



## Family Information

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

Mailing Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way to reach me: ☐ Phone ☐ Email ☐ Text

## Emergency Contact & Pickup Information (Other than Parent)

Emergency Contact : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Adults Authorized to pickup student(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Children's Information

Name: \_\_\_\_\_ Gender: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

☐ I would like to have a conversation with a VBS Leader regarding my child's needs.

Name: \_\_\_\_\_ Gender: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

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### Children's Information

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School Attending: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

Allergies/Special Needs/ Notes: \_\_\_\_\_

☐ I would like to have a conversation with a VBS Leader regarding my child's needs.

### Releases

#### **Medical Treatment Release**

In the event that medical treatment is needed for your child(ren), every effort will be made to contact a parent. If this is not possible I give permission to the ministry staff of Covenant Presbyterian Church to secure any necessary medical treatment for my child(ren)?

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned student pursuant to this authorization. The undersigned also hereby gives permission for my student to ride in any vehicle designated by employees/agents of Covenant Presbyterian Church while attending and participating in church sponsored events.

**Signature of Parent/Guardian:** \_\_\_\_\_

#### **Photo/Video Release**

I hereby grant Covenant Presbyterian Church and its employees and agents permission to photograph my child and use the photo or digital reproduction or video in any or all of its publications including website. I authorize Covenant Presbyterian Church to edit, alter, copy, exhibit or distribute this photo or video for the purpose of publicizing Covenant Presbyterian Church's programs.

**Signature of Parent/Guardian:** \_\_\_\_\_

#### **Notes:**