

Rising kindergarteners  
through rising 5th graders



Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Regularly attend church? Yes No Where? \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_ Emer. Phone \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Invited By \_\_\_\_\_

**PLEASE COMPLETE A SEPARATE FORM (including back of page) FOR EACH CHILD**

VBS ★ JUNE 12-15, 2017 ★ 9:00 AM - NOON  
Covenant Presbyterian Church ★ One Covenant Drive ★ Little Rock, Arkansas 72211 ★ (501) 228-5903  
(over)

Rising kindergarteners  
through rising 5th graders



Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade Completed \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Regularly attend church? Yes No Where? \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_ Emer. Phone \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Invited By \_\_\_\_\_

**PLEASE COMPLETE A SEPARATE FORM (including back of page) FOR EACH CHILD**

VBS ★ JUNE 12-15, 2017 ★ 9:00 AM - NOON  
Covenant Presbyterian Church ★ One Covenant Drive ★ Little Rock, Arkansas 72211 ★ (501) 228-5903  
(over)

## Medical and Photo Release

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Child's Name \_\_\_\_\_ List Known Conditions \_\_\_\_\_

List Allergies \_\_\_\_\_ Additional Information \_\_\_\_\_

In case of a medical emergency\*, I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for my child.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

\*The VBS Director(s) will make every attempt to reach the parent/legal guardian listed,

I hereby give Covenant Presbyterian Church the right and permission to use photographs taken of my child during VBS in any church-related audio-visual presentations.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

## Medical and Photo Release

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Child's Name \_\_\_\_\_ List Known Conditions \_\_\_\_\_

List Allergies \_\_\_\_\_ Additional Information \_\_\_\_\_

In case of a medical emergency\*, I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for my child.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

\*The VBS Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.

I hereby give Covenant Presbyterian Church the right and permission to use photographs taken of my child during VBS in any church-related audio-visual presentations.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_