



SouthWoods Christian Church
Vacation Bible School Registration
June 5-9 9:00am-NOON



Child's Name: _____

DOB: ____/____/____

Last grade completed: ____

Child's Name: _____

DOB: ____/____/____

Last grade completed: ____

I would like my child in a group with: _____

All children must be entering Kindergarten through 6th grades

Parent/Guardian name: _____

Parent/guardian number: (____)_____

Address: _____

Emergency Contact info: _____

Allergies: _____

Emergency Contact Name: _____

Emergency contact number: (____)_____

Registration Cost: \$10 per child/ \$30 max per family

Join us for an OUT OF THIS WORLD adventure!

Questions? Contact Krysten Staiert

913-681-5100 or vbs@southwoods.org

Release—In consideration for my child being allowed to participate in Vacation Bible School and all its related activities, I agree to hold harmless and release SouthWoods Christian Church, it's paid staff and volunteer leaders from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to my child arising from my child's attendance and participation at Vacation Bible School, including any damage, loss, injury, or death arising from the provision of emergency medical treatment. I grant permission to use my child's photograph on the church website or other official church printed publications or videos.

Signature of Parent or Guardian

Date_____