



**Providence Presbyterian Church**  
**VACATION BIBLE SCHOOL 2018**  
 Monday, July 23rd - Thursday, July 26th 9:00 AM-Noon  
 Closing Program Friday Night  
 Pre-K to entering 6th grade (4 to 11 yr. olds)

**REGISTRATION FORM**

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1) Name \_\_\_\_\_ M/F Age \_\_\_\_\_ Grade entering \_\_\_\_\_  
 2) Name \_\_\_\_\_ M/F Age \_\_\_\_\_ Grade entering \_\_\_\_\_  
 3) Name \_\_\_\_\_ M/F Age \_\_\_\_\_ Grade entering \_\_\_\_\_  
 4) Name \_\_\_\_\_ M/F Age \_\_\_\_\_ Grade entering \_\_\_\_\_

**CHILD RELEASE INFORMATION:**

*At the conclusion of the program each day, your child must be picked up by an adult from their designated classroom. Including yourself, please list the names of adults that your child may be released to:*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**MEDICAL RELEASE**

Alternative Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

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

Child's Name	Known conditions	Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____

If needed, please put additional information on back of this sheet.

**MEDICAL/LIABILITY RELEASE FORM**

As a parent/guardian, I understand that my son/daughter will be under the supervision of the adult sponsors of Providence Presbyterian Church. I give my full permission for him/her to attend the Vacation Bible School program that is sponsored by Providence Presbyterian Church. In signing this form, I hereby give consent to the administration of any medical treatment which may be necessary in the opinion of a licensed physician or medical facility in case of any accident resulting in injury or illness which requires any medical treatment during the course of the activity. This includes the period of transportation to and from the activity site. Every activity sponsored by Providence Presbyterian Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in Providence Presbyterian Church related activities. They also agree not to hold Providence Presbyterian Church, its employees, or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

