

2017 VBS REGISTRATION FORM-PLEASE RETURN BY JULY 10, 2017

APOSTLE PRESBYTERIAN CHURCH
FIRST UNITED METHODIST CHURCH
MOUNT HOPE LUTHERAN CHURCH

Child's Name _____

Child's Age _____ Date of Birth _____ Last School Grade Completed _____

Name of Parent/Guardian

Street Address _____

City _____ State _____ Zip _____

Phone/Cell Phone Number

In case of emergency, contact _____

Relationship to child _____

Allergies or other medical conditions/any special needs _____

For the safety of the children, please indicate who will be picking up your child each day (relationship to child)

I acknowledge that I am the parent or legal guardian of the child and I release Apostle Presbyterian , First United Methodist , Mount Hope Lutheran, and its agents, employees, representatives and volunteer workers from any and all liability if my child is injured July 17-21, 2017 during any VBS activity. I give permission to photograph/video my child during VBS and to use such photographs/videos in all forms of media, including crafts, class pictures, videos/slideshows, websites, newsletters, and displays.

Parent/Guardian signature _____ Date _____

PLEASE COMPLETE EMERGENCY MEDICAL FORM ON THE REVERSE SIDE