



FIRST Pentecostal CHURCH

July 24 - 27, 2018

Vacation Bible School

Registration

Ages 5 - 11

(as of Sept. 1<sup>st</sup>)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ (As of Sept. 1) Boy/Girl: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**In case of emergency during VBS contact:**

Name/Telephone Number: \_\_\_\_\_

Please list any allergies, medical conditions or special requests (i.e. friends, workers that your child would prefer to be with):

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE/PICK-UP AUTHORIZATION**

**PLEASE PRINT**

The following person/persons are authorized to pick up the child listed on this registration form from First Pentecostal Church VBS 2016.

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

VBS Staff Use Only			
T	W	TH	F
T	W	TH	F
T	W	TH	F
T	W	TH	F

**\*ATTENTION\***

**ONLY THOSE LISTED WILL BE ABLE TO PICK UP THIS CHILD!!**  
In order to pick up children the authorized person must go to the registration desk, **SHOW PICTURE ID** and will then be issued a ticket to present to their child's teacher.

MAY YOUR CHILD BE PHOTOGRAPHED FOR DISPLAY AND/OR PUBLICATIONS? \_\_\_ YES \_\_\_ NO

Authorized by (please sign) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE OF LIABILITY ON BACK OF FORM MUST BE SIGNED BY PARENT OR GUARDIAN AND WITNESSED BY TWO PEOPLE.**