

**Garden City Baptist Church
Child Registration/ Permission Form**

Parent/ Guardian Names _____

Address _____

Phone # _____

Child #1 Name/ Age _____

Child #2 Name/ Age _____

Child #3 Name/ Age _____

Child #4 Name/ Age _____

Please circle which dates you plan to attend:

June 25, 2011

July 9, 2011

August 13, 2011

Please list any allergies or special health conditions:

Parental Authorization

I give permission for my child(ren) to take part in all VBS/KIA activities under supervision and I agree that Garden City Baptist Church will not be held responsible for accidents or personal injury arising therefrom. In the case of medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant(s) and secure proper medical treatment for my child(ren) name on this form.

Parent/Guardian Signature

Date
