

# VBS Registration Form

July 10-14, 2006

9:00 a.m. – 12:00 noon

(one child per form, please)



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Grade to be completed this spring:  
(circle one, please)

4 Yr. Pre-Sch

Kindergarten

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

Please list all allergies: \_\_\_\_\_

Other medical/special needs: \_\_\_\_\_

Limitations in participation \_\_\_\_\_

Phone number(s) where you can be reached during VBS: \_\_\_\_\_

Church child attends:  First Presbyterian  Other : \_\_\_\_\_  None

*Each child will need to bring a plain t-shirt on Monday for a craft project during the week and a piece of fruit each day of the week for snack.*

## Emergency Medical Release Form

I certify that the information provided herein is accurate and that the above names child may participate in all VBS activities except as noted.

**AUTHORIZATION FOR TREATMENT:** In the event that my child needs medical care and I cannot be reached by the means I have listed on this registration form, I give permission for medical personnel selected by First Presbyterian Church staff to order x-ray, routine tests, treatment, and/or necessary related transportation for the above named child. I also give permission to the physician selected by the church staff to secure and administer treatment including hospitalization for the above named child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

Community Form