

VBS Registration

Families, please complete one form per child. Thank you!

Last Name _____ First Name _____

Age _____ Date of Birth: _____ Male _____ Female _____

Child's Grade (Fall 2008) _____ School _____

Child's Address _____

City / State _____ Zip _____

Parent's / Guardian's Name _____

Parent's / Guardian's Phone _____ Cell Phone _____

Persons to be contacted in case of emergency:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Does your child have any medical conditions (allergies, medication, etc)? Please explain.

Name and age of siblings attending VBS _____

My child would like to be in class with (friend) _____

I would like to volunteer (interest and availability) _____

In the event I cannot be reached in an emergency, I hereby give permission for my child to be treated as deemed necessary by the attending physician that will care for my child.

Signed: _____ Date: _____

Insurance Co. _____ Policy No. _____

In signing this form, you agree that any photographs taken of your child at VBS become the property of Emmanuel Episcopal Church and may be used in future publications.