



AMPED VBS REGISTRATION

June 11-14 9:30AM-Noon

For children ages 4 (as of June 11, 2018) through those entering 6th grade



Child's Name	M/F	Age	Birthdate MM/DD/YY	Grade Entering	Friend Request*
1.					
2.					
3.					
4.					

*If your child has a friend of the same age that they would like to be with, please list name. One friend only, please. We will do our best to accommodate this request.

Address: _____ City: _____ Zip: _____ Phone: _____

Parent's Name: _____ Email: _____

Main Phone # (indicate if home (H) or cell (C)): _____ Work/Cell Phone #: _____

Additional Parent's Name: _____ Email: _____

Work or Cell Phone #: _____

Allergies**/Special concerns/Medications: _____

****Snacks (nut-free) are served each day.
If your child has special dietary needs, including gluten intolerance, please provide your own snack for him/her.**

SAINT JOHN VBS MEDICAL RELEASE FORM

We, the undersigned parent(s)/guardian(s) of

Child(ren)'s Name(s)

do hereby authorize the administration of the Saint John Vacation Bible School to act as agents for the undersigned in order to consent to any medical or surgical diagnosis, treatment or hospital care deemed advisable by or administered by a duly licensed physician, in the event such help of an emergency nature becomes necessary. (Note: We will always attempt to contact parents/guardians in case of any accident or emergency. This form protects your child and enables us to obtain faster medical aid if you cannot be reached.)

Date

Emergency Phone Numbers

Name of Parent or Guardian (Print)

Health Insurance Carrier

Signature of Parent or Guardian

Policy Number/Group Number

PERMISSION TO PHOTOGRAPH CHILD(REN)

I grant my permission for my child's **photo** to be published on the church website, in the church, on social media (including, but not limited to Facebook), in local newspapers, or in any other church related publicity.

Signature of Parent or Guardian

Date