



Registration Form

(One Per Child)



Child's name: _____

Child's age: _____ Date of birth: _____ (3 years through 6th grade)

School grade in September: _____

Name of parent(s): _____

Street address: _____

Home telephone: (_____) _____

In case of emergency, contact: _____

Relationship to child: _____

Allergies or other medical conditions: _____

Home church: _____

Alternate Pick Up Name _____ Relationship _____

I grant permission....

___ for my child to participate in VBS High Seas Expedition 2010

___ for photos and videos to be taken of my child for use in VBS

___ for photos and videos to be taken of my child for use in promoting VBS

___ for medical treatment to be administered in case of emergency

Parent's signature _____

___ Yes, parent(s) will be attending Pastor Marty's adult class

___ Yes we will be attending VBS worship Sunday, August 22 @ 9:15a.m.

FREE
Registration
through July
1. \$10 per
child after
July 1

