VACATION BIBLE SCHOOL
REGISTRATION AND PERMISSION FORM

Location: UNIVERSITY BAPTIST CHURCH
Dates: June 20 - 24, 2011 (Monday - Friday)
Time: 9 AM to 12 NOON **(Please pick-up promptly!)**

Age of child: _____
Date of birth: _____
Last grade in school: _____

My son/daughter has my permission to participate in VACATION BIBLE SCHOOL. I do release University Baptist Church and their ministers and volunteer leadership from liability for injury or accident, and do give my permission to the church's leadership to secure proper medical attention should the need arise.

Name of son/daughter: _____
Address: _____(street)
_____ (city, state) _____ (zip code)

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Pager Number: _____

WHO WILL PICK UP YOUR CHILD? _____
IS ANYONE NOT ALLOWED TO PICK UP YOUR CHILD?
_____

MEDICAL INFORMATION

Family physician: _____
Doctor's telephone: _____
Office address: _____

Please list any special instructions including medications your child is and/or will be taking and any medications your child may be allergic to:

_____
_____

NO MEDICATIONS OF ANY KIND WILL BE DISPENSED BY THE VBS STAFF!

PHOTO RELEASE

PHOTO RELEASE: May your child be photographed and the picture appear in church news articles, media presentations and on our website? (Circle one:) **YES** **NO**

If you will be out of the area during this time, how may we reach you?

_____

Name of relative or neighbor that can be contacted in case of emergency if neither parent can be reached:

_____ Telephone: _____

***MEDICAL INSURANCE COMPANY (NAME): _____
***POLICY NUMBER(S): _____

Serious behavior or discipline problems may result in parents being called to come and get their child. By signing this form I agree to this policy.

Parent's/Guardian's Signature: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED.

Thank you for taking the time to complete this form!!!