Vacation Bible School Registration Form; ages 4-12

CHILDREN'S NAMES
PHONE
ADDRESS & ZIP
E-MAIL
E-MAILAGEBIRTHDATEGRADE (finished)SCHOOL
CHURCH
Brought to VBS by
Brought to VBS by OTHER BROTHERS/SISTERS IN VBS
FATHER'S NAME
Weekday Phone
MOTHER'S NAME
Weekday Phone
During VBS, parents can be reached at
(IF YOU WILL BE SOMEWHERE ELSE DURING ANY EVENING, PLEASE SEND A NOTE
AND PHONE NUMBER WITH YOUR CHILD SO THAT WE MAY REACH YOU IF NECESSARY!)
Persons who will care for the child if parents cannot be reached:
NAMEPHONERELATIONSHIP
NAMEPHONERELATIONSHIP
DOCTOR'S
NAMEPhone
MEDICAL INSURANCE
COGroup#ID#
Specific health conditions or
allergies
Medications
Last Tetanus Shot
(If there is anything else we should know about your child, write that information on the back of this
sheet.)
I give permission for photographs showing my child to be used in church publications & displays.
YESNO (Note: VBS photos of children will <i>not</i> be on our Web Site)
As parent or guardian, I hereby give permission for my child,, to attend the Vacation Bible School of Desert Foothills Baptist Church, Tucson, Arizona. In the event of accident or injury, I will not hold Desert Foothills Baptist Church, or individual ministers or leaders responsible. I do herewith authorize treatment and transport by qualified medical personnel of the above minor in the event of a medical emergency which, in the opinion of the attending medical personnel, may endanger his or her life, or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach me.
(Parent/Guardian signature) (Relationship to child) (Date) Desert Foothills Baptist Church, 10655 N Shannon Road, Tucson, AZ 85742 520-877-2691 Updated 12/10

In the spirit of Luke 18:16, we who serve at Desert Foothills Baptist Church consider it an honor to engage in spiritual ministry to your children. Thank You!