



Vacation Bible School • July 21-25, 2014 • 6:00-8:30pm • FREE!

For children age Kindergarten through 5th grade (must turn 5 years old before September 1, 2014).

Please print:

Child's name: _____ M/F: _____ Grade in Fall: _____

Address: _____ Birthdate: _____

City/State/Zip: _____ Home/Cell Phone: _____

Email Address: _____

Media Release for promotional materials: Yes No

Parent/Guardian Signature (for media release): _____

In case of emergency, parent/guardian can be reached at: _____
(phone number)

IMPORTANT: Does your child have any allergies? _____ If so, please explain*: _____

****If your child has a food allergy, please send them with a snack for each day. The snacks we serve may include wheat, eggs, or dairy.***

I, _____, the parent/guardian of _____
hereby grant permission to Village Baptist Church to obtain any necessary medical assistance needed in case of accident or injury during the July 21-25, 2014 Vacation Bible School. I understand that every effort will be made to contact me. I also understand that the insurance information provided below will be used for any such emergency. I hereby release Village Baptist Church from all legal and financial responsibility.

Insurance Company: _____

ID Number: _____ Group Number: _____

Parent/Guardian Signature: _____ Date: _____