

2008 Community VBS @ IdRaHaJe Registration

Child's Name _____
Parent/Guardian Name _____
Address _____

Phone #: Home _____ Work _____ Cell _____
E-mail: _____
Child's age: _____ Last grade completed in school _____

Medical Information: Medical or other information we need to know. Please include any food allergies.

Emergency Contact:

Name _____ Phone number _____
Name _____ Phone number _____

Dismissal Information:

Who may pick up your child at the end of each VBS day? (other adults only)

Name _____ Relationship _____
Name _____ Relationship _____

Who may not pick up your child at the end of each VBS day?

Name _____ Relationship _____
Name _____ Relationship _____

Other Information:

Do you attend Sunday School or Worship Services? If so where?

In signing this document, I hereby certify that the above information is correct and give permission for the use of photographs including my son/daughter to be used in church publicity. On the behalf of my child participant, I assume all risk of personal injury, damage, and expense as the result of participation in the Community VBS. I authorize staff to obtain proper medical diagnosis, hospitalization, secure proper treatment for, and to order injection, anesthesia, or surgery of my child as named above, and assume the responsibility for all medical bills, if any.

Authorized signature (required)

Date _____

**Please return registration form to your participating church or to:
Crow Hill Bible Church - Community VBS Registration
(mailing address) 46 Bulldogger Ct., Bailey, CO 80421
(physical address) 63555 US Hwy 285, Bailey, CO**

