



LOCK HAVEN BAPTIST CHURCH

2017 VBS REGISTRATION FORM



Ages 4-14

CHILD'S NAME: _____

IS YOUR CHILD A BOY/GIRL? (Please circle the appropriate answer)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

PARENT/GUARDIAN NAME(S): _____

GRADE IN THE COMING SCHOOL YEAR: _____ CURRENT AGE: _____

WHO INVITED YOU OR HOW DID YOU HEAR ABOUT OUR VBS?

EMERGENCY CONTACT NAME: _____

PHONE(S): _____

DESCRIBE ANY ALLERGIES/CONDITIONS OUR STAFF NEEDS TO BE AWARE OF:

ANY OTHER SPECIAL INSTRUCTIONS?: _____

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL ACTIVITIES AND PROGRAMS AT LOCK HAVEN BAPTIST CHURCH. I AGREE THAT LOCK HAVEN BAPTIST CHURCH AND ITS STAFF AND VOLUNTEERS WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR PERSONS INJURED ARISING THERE FROM. I ALSO REALIZE THAT MY CHILD MAY BE PHOTOGRAPHED OR IN VIDEOS DURING THE VACATION BIBLE SCHOOL TIME. I WAIVE THE RIGHT TO INSPECT OR APPROVE THE PHOTO FOR PUBLICATIONS OR PUBLICITY FOR CHURCH PURPOSES.

PARENT/GUARDIAN SIGNATURE: _____

DATE: ____/____/2017