

VACATION BIBLE SCHOOL REGISTRATION - 2015

Group Name

IF space is available, we will assign your child to a group with siblings or friends. Please encourage your friend to pre-register so we can honor your request.

Child's FIRST name _____ Child's LAST Name _____

Parents/Guardians Names _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Date of Birth _____ Boy or Girl? _____

What grade did your child COMPLETE this past school year? List None, Pre-School, K, 1, 2, 3, 4, or 5 _____

Who is allowed to pick up child from VBS? _____

EMERGENCY CONTACT _____ **Phone #** _____
(During VBS) Name Relationship to Child List cell # if that's best way to reach you.

Allergies/medical conditions we should be aware of _____ Is it life-threatening? YES or NO? _____

My child would like to be with _____ (child or group)

I understand that participation in this ministry involves physical activity, which carries the risk of injury. Because I have made the decision that the benefits to my child outweigh the risks of injury, I choose to release Hosanna! A Fellowship of Christians its members and leadership, and anyone else that may be in charge of this activity, from all liability for any injury or accident which might befall my child while he/she is on the premises of Hosanna! A Fellowship of Christians. I also give permission for my child to be included in any photographic and/or video publications of Vacation Bible School.

PARENT/GUARDIAN'S SIGNATURE _____ Date _____

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