

## VACATION BIBLE SCHOOL REGISTRATION - 2016

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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