



Vacation Bible School

St. John's Episcopal Church

First Christian Church
(Disciples of Christ)

Registration and Consent Form

Child's Name _____ Grade Completed _____ Age _____

Parent/Guardian name (please print): _____

Home Phone _____ Cell _____ Work _____

Address: _____

Person(s) who may pick up this child from VBS each day other than Parent/Guardian:

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

We will attend the celebration lunch on Friday: _____ Adults, _____ Children

Medical information (allergies, required medications, etc.): _____

Special dietary needs/allergies: _____

Medical Insurance Information:

Insurance Company Name: _____

Policy #: _____

Policy Holder's ID #: _____

Child's Relationship to Policy Holder: _____

I hereby give permission for my son/daughter, _____, to participate in all activities of First Christian Church and St. John's Episcopal Church's Vacation Bible School held at First Christian Church, 2035 Oleander Drive, Wilmington, NC 28403 on **August 1-5, 2011 from 8:45-12:15pm**. I further give permission for medical treatment to be administered in the event of an emergency, understanding that every effort will be made to contact the person(s) listed above.

I will not hold First Christian Church, First Christian Church staff, St. John's Episcopal Church, St. John's Episcopal Church staff, or the volunteers teaching and helping liable for injury, trusting that the above mentioned event will be supervised in a responsible manner.

Signature of PARENT/GUARDIAN

Date