

Year 20\_\_\_\_\_

# VACATION BIBLE SCHOOL REGISTRATION FORM

Dept\_\_\_\_\_

Student's Name\_\_\_\_\_ Age\_\_\_\_\_ Grade Completed\_\_\_\_\_

Birth date\_\_\_\_\_ Email address\_\_\_\_\_

Home Phone number\_\_\_\_\_ Cell phone number\_\_\_\_\_

Father's Full Name\_\_\_\_\_ Mother's Full Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Do you attend Sunday School or Church?  Yes  No If yes, where?\_\_\_\_\_

**Emergency contact if parent cannot be reached:** Name\_\_\_\_\_

Relationship\_\_\_\_\_ Phone number\_\_\_\_\_

Doctor name\_\_\_\_\_ Phone number\_\_\_\_\_

Allergies, medical concerns, or special learning needs:\_\_\_\_\_

Knowing that the adult sponsors will take utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize the staff of **Calvary Bible Fellowship Church** to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery. I further agree that **Calvary Bible Fellowship Church** shall be held harmless in the event of accident or injury, and, in that regard, I understand and agree **Calvary Bible Fellowship Church** disclaims any and all liability in the unlikely event of injuries sustained in connection with this event.

Signed\_\_\_\_\_ Date\_\_\_\_\_