

VACATION BIBLE SCHOOL
Registration Form (FREE Admission!)
When: July 15th to 19th 6:30 PM to 9:00 PM
Who: Going into Kindergarten thru 6th Grade in Sept. 2019

Child's First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ School Grade going into (Sept 2019) _____

Name of School _____ Email: _____

Circle one: Boy Girl Age: _____ Date of Birth: _____ Select T-Shirt Size: YS YM YL YXL S M Cost \$5

Mom's/Legal Guardian Name: _____ Cell phone: _____

Dad's /Legal Guardian Name: _____ Cell phone: _____

In case of emergency, Contact: _____ Phone #: _____

(List a relative or someone who can act in your behalf in the event you or your spouse cannot be reached)

Who will **drop off** your child: _____ Phone# (if a friend): _____

Who will **pick up** your child: _____ Phone # (if a friend): _____

(Please note: If a name is not listed above, your child will not be released.)

How did you hear about VBS? attend CCOH relative or friend of CCOH Flyer neighborhood other _____

MEDICAL RELEASE FORM (must be completed and signed otherwise child cannot participate in program)

Does your child have any allergies [dairy, peanuts, wheat, grass, insects]? No if Yes, please list allergies _____

_____ Is he/she required to have an EPIPEN? No Yes

Medical Conditions: No If yes, list _____

Does your child have **asthma**? Yes No Does he/she use a rescue inhaler? Yes No

Does your child have **special needs** for which we need to assign an extra helper? Yes No

IMPORTANT: If your child requires EPIPEN, or rescue asthma inhaler, then they MUST bring them to VBS, labeled with your child's name, or he/she will not be allowed to participate. Inhalers/EPIPENS can be collected from Registration at the end of the week, or brought in each evening, given to Registration, and taken home each evening after class.

We, _____ the parents of _____ hereby consent to our child participating in the following activity with Calvary Chapel of Hope, Amityville, New York

• Vacation Bible School • Calvary Chapel of Hope • July 15th – July 19th, 2019•

In Consideration of the said Calvary Chapel permitting our child to participate in the aforesaid activity, we hereby agree to indemnify and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees and agents against any and all claims for loss or liability incurred by, or caused to our child as a result of said activity.

If I cannot be reached, I grant permission to any physician or emergency medical personnel to render medical treatment as necessary.

Media Release Form:

I understand and agree with my signature that Calvary Chapel of Hope (CCOH) retains the right to use (without personal information) any photographs, videotapes or any other record of this event for the church's website and/or facebook page, publicity, advertising, or any other legitimate purpose.

I acknowledge **all** the above information and give Calvary Chapel of Hope authorization to proceed accordingly.

Parent Name/ Legal Guardian (Print)

Parent/ Legal Guardian Signature

Date