

Goodwin Memorial Baptist Church

VACATION BIBLE SCHOOL- JULY 18-22, 2011

STUDENT REGISTRATION FORM

THIS FORM IS TO BE COMPLETED BY PARENTS/GUARDIANS

PARENT/ GUARDIAN NAME:_____

NAME (S) OF CHILD:

AGE/GRADE:

1.

2.

3.

4.

5.

- ***NO CHILD UNDER THE AGE OF 3 YEARS IS PERMITTED TO ATTEND VBS.***
- ***ANY CHILD UNDER THE AGE OF 5 YEARS MUST HAVE A PARENT/GUARDIAN ON SITE.***
- ***ALL CHILDREN MUST BE POTTY TRAINED!***

ADDRESS:_____

CITY_____ STATE___ ZIP CODE_____

HOME PHONE_____ CELL PHONE_____

ALLERGIES/ OTHER MEDICAL CONDITIONS_____

PERSON WHO WILL PICK UP CHILD_____

VBS PERMISSION AND CONSENT FOR MEDICAL TREATMENT:

I GIVE PERMISSION FOR THE REGISTERED CHILD TO PARTICIPATE IN ALL ACTIVITIES EXCEPT AS NOTED ON THE REGISTRATION FORM.

I GIVE PERMISSION FOR PHOTOS TO BE TAKEN FOR PURPOSES OF CELEBRATION AND PROMOTION. I ALSO GIVE PERMISSION FOR THE REGISTERED CHILD TO BE GIVEN FIRST AID IN CASE OF AN EMERGENCY. I WAIVE AND RELEASE THE GOODWIN MEMORIAL BAPTIST CHURCH AND ANYONE INVOLVED IN THE VBS PROGRAM OF ANY LIABILITES OR CLAIMS IN ASSOCIATION WITH ANYTHING THAT MIGHT OCCUR WHILE MY CHILD IS ATTENDING-" JESUS TRUTH SEEKERS: MISSION POSSIBLE" VBS, JULY 19-22, 2011.

PARENT/GUARDIAN:

PRINT NAME_____

SIGNATURE_____