


<b>Child's name:</b>			
first	last		Grade (Sept.)
<b>Staff use only:</b>	 List food or insect allergy	If picked up, print "P" If walking, print "W"	Buddy?

# VACATION BIBLE SCHOOL

## CHILD INFORMATION & REGISTRATION

Dear Parents,

We at KMB would like to keep your child as safe as possible while in our care. Please take the time to fill out the information below. If your child requires emergency medical attention and we are not able to contact you or the other name provided, we will take the steps necessary to ensure that your child is treated.

We would like to remind you of potential health concerns. Please keep your child at home if she/he comes down with a condition that is easily spread such as: a bad cold, flu, fever, head lice, pink eye, impetigo, etc. If a particular health condition persists, you may be requested to provide a doctor's certificate verifying that the condition will not spread.

Thank you for your cooperation.

Child's Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Grade (Sept.): \_\_\_\_\_

School: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Church: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

In an emergency, please contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for VBS staff to photograph and videotape my child for use in church newsletters, bulletin boards, website, etc. (If no, please provide a photograph of your child so we know which one(s) to not post pictures of. Yes  No

Name (print) and signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_