

St. Paul Preschool VBS; May 20-23, 2019

Parent Personal Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Cell Phone Number _____ Other Phone Number _____

Student Personal Information

First Name _____ Last Name _____

Gender Female Male

Nickname _____

Medical Information

Allergies _____ Medical Issues or Special Needs _____

Other Information

Home Church (If Applicable) _____

Current age of student _____

T-Shirt Size: YXS; YS; YM; YL; YXL _____

Photo Release:

- I hereby grant the above named church permission to copyright and use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Signature _____

Emergency Contact

Contact First Name _____

Contact Last Name _____

Phone Number _____

Alternative Phone Number _____

Alternate Pickup First Name _____

Alternate Pickup First Name _____

Alternate Pickup Phone _____



By signing this form you've agreed to the following:

Medical Release

I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Permission to Attend

I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by the VBS hosting church, and that all registration information will be removed from the hosting site by December 31, 2018.