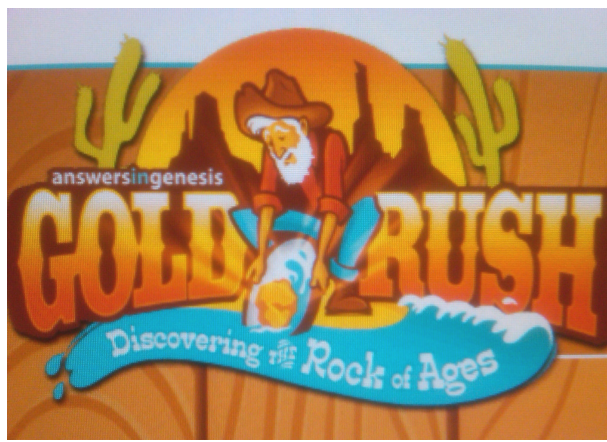


VBS 2011



July 11th-15th
9:30am-12:30pm

Child's Name _____ Age _____

If the child is school age, which grade will they be going into? _____

If not school age, is the child completely potty trained? _____

Any activity restrictions or special needs? _____

Any allergies to be aware of? _____

Any medication that will need to be administered during VBS? _____

If yes, please attach a separate sheet of paper with instructions on how to administer the medication. Each day you as the parent will need to bring the proper medication and give it to your child's group leader. Make sure to take the medication home with you at the end of each day when you pick up your child.

Home church/Town: _____

Child will be picked up by: _____

Is there a friend your child would like to be in the same group as? If so please write their name(s) below. We will do our best to accommodate all requests as long as it fits within the organization of our assigned age groups.

Parents Names _____

Parents Email _____

Mom's Cell _____ Work _____ Dad's Cell _____ Work _____

Address _____ City/State/Zip _____

Insurance Company _____

Name of Insurance Policy Holder _____ Policy # _____

Emergency Contact's Name (other than parents) _____ Phone # _____

I/We give permission for my child to participate in VBS at Calvary Bible Church the dates of July 11th-15th, 2011. I/We give permission for the Calvary Bible Church leaders and VBS staff to administer first aide as needed (cuts, scrapes, etc) and to seek whatever necessary further medical attention is needed if necessary. I/We hereby hold the Calvary Bible Church leaders and VBS staff harmless in the exercise and use of this authority. I/we understand that a conscientious effort will be made to notify me/us before such actions have to be taken. I/We also agree to accept responsibility for the cost of above medical services through my standard family insurance coverage, and I have listed that information above. I/We also agree to allow my/our child to be photographed and/or videotaped by the VBS staff throughout the week.

Parent/Guardian Signature _____ Date _____