

Vacation Bible School Registration

VBS Dates: July 25th, 2021 through July 30th, 2021

Location: Community Harvest Baptist Church



Please fill top portion of this form out completely and accurately so we will be able to contact you in the event of an emergency

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: ____/____/____ Age: ____

Parent/Guardian Name(s): _____

Phone: (____) _____ Alt. Phone(____) _____

Home Address: _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Church Affiliation: _____

Church Membership At: _____

Person(s) Name(s) Who May Pick up the Child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

I understand that reasonable precautions will be taken to safeguard the health and wellbeing of the participants in this VBS and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the VBS Team, or other associated volunteers of the VBS program to obtain medical care for the above listed in the event that myself or other legal guardian(s) cannot be reached.

I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the VBS week or for future advertisement of VBS programs. Any other use will require your further consent.

Parent/Guardian Signature: _____ Date: _____

Email completed form to communityharvestvbs@yahoo.com