

St. Paul Family VBS 2024 – Celebrate the Savior

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

Age

Medical Information

Allergies

Medical Issues or Special Needs

Other Information

Home Church (If Applicable)

OTHER CHILDREN and AGES:

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 the end of this calendar year.