

VBS Registration Form 2017

June 19-22, 2017
6:15 – 8:30 pm

June 25, 2017
10:30am Worship

**VBS is open to children 4 years of age and potty trained
through children entering 5th grade**

Student's name _____ Age while attending VBS _____

Birth date _____ School grade Fall '17 _____ Health Concerns _____

*Name of special friend your child may want to be with (please list ONE) _____

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*Name of special friend your child may want to be with (please list ONE) _____

***Special friend will only be guaranteed if the friend listed registers at the same time!**

Address _____ City _____ ZIP _____

Parent/Guardian's name _____

Phone _____ Cell phone _____

Home church _____ Email Address _____

How did you hear about VBS _____ Hospital preferred in case of emergency _____

Name of family physician _____ Phone _____

If parent cannot be reached in case of emergency, we **MUST** have two names and phone numbers we can reach:

1) Name _____ Phone _____

2) Name _____ Phone _____

In signing this document, I certify that the above information is correct and give permission for the use of photographs including my son/daughter to be used in church publicity. On behalf of my child participant, I assume all risk of personal injury, damage, and expense as the result of participation in the Community VBS. I authorize staff to obtain proper medical diagnosis, hospitalization, secure proper treatment for, and to order injection, anesthesia, or surgery of my child, and I assume the responsibility of all medical bills, if any.

Authorized signature (required) _____ Date _____

Please return registration form to:

Community Reformed Church
10376 Felch Street, Zeeland, MI 49464
or fax registration to 616-772-5078, ATTN: Jen Bakhuyzen

In the event that I, the parent/guardian, am unable to pick up my child, I authorize the following adults listed below to pick up him/her from Community Reformed VBS. I understand this must be an adult (no siblings may pick up my child) and **ONLY** the people listed will be allowed to pick up my child. Only prior written agreed-upon authorization will be accepted.

1) Name _____ Relationship _____

2) Name _____ Relationship _____

Please understand, we request this information because of our commitment to the safety and well-being of each child attending Community Reformed Church's Vacation Bible School.