



VACATION BIBLE SCHOOL

First Presbyterian Church

June 25 – 29, 2018

Dinner begins 5:30, VBS 6:00 – 8:30

Child's Name _____

Parent's Name(s) _____

Address _____

Home Phone _____ Cell and/or other emergency phone _____

Emergency Contact if other than parent _____

Birth Date _____ School Grade entering in fall 2018 _____

Home Church _____

Any allergies or other medical problems we need to know about: _____

Would you like to purchase a music CD for \$5 _____

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Medical & Liability Release – Valid June 25 – June 29, 2018

In the event of sickness or some medical emergency, I request that my child(ren) receive medical attention or treatment deemed necessary. Therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for the care of my child(ren). I understand that I am responsible for all expenses and charges for the treatment and care of my child(ren). In the event that I am not present at the time of the emergency or cannot be contacted, the care of my child(ren) has been entrusted to the staff and designated ministry leadership of First Presbyterian Church, Forest Hills Presbyterian Church, and Christ Episcopal Church. I also hereby release the above named churches of any liability should any injury occur while participating in this Vacation Bible School.

Signature of Parent or Guardian _____ Date _____

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We need lots of volunteers (adults and teens rising 7th grade and up) to help make VBS a success.

Please let us know if you can help

Name _____ Phone _____

I can help all week _____ I can help on the following evenings: M T W TH F

I would like to help with: _____