

# GOD'S MOST WANTED

## Grimes First Presbyterian Church VACATION BIBLE SCHOOL REGISTRATION 2016

Ages 3 (must be 3 years old by 1/1/2016) thru 5th Grade (completed) • Children will be grouped by age

**Tuesday, June 21 through Thursday, June 23, 6:00-8:00pm.**

All ages/grades will start at 6:00 P.M. and finish at 8:00 P.M..

Our mission project will be collecting food items for the Grimes Food Pantry. We hope to see you!

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Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Mother: \_\_\_\_\_  
(name) (address) (phone)

Father: \_\_\_\_\_  
(name) (address) (phone)

Other: \_\_\_\_\_  
(guardian, relative or friend) (address) (phone)

In case of emergency, contact \_\_\_\_\_  
(name) (phone)

Currently attends what Church? \_\_\_\_\_

***Please include anything we need to know about your child to make the VBS experience a positive one:***

Food allergies: \_\_\_\_\_

OTHER: \_\_\_\_\_

I understand that the volunteers will use their best efforts to supervise; however, I also understand they are not responsible for loss of personal property or bodily injury. In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by phone, I authorize the adult volunteer(s) to make the necessary decision concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment. I understand that I will assume full responsibility for the payment of services rendered. **Parent/Guardian initial:**

During youth events, there will be photos taken for church use on the web site and/or slideshows. Participation in a church event assumes that we have your permission to use these photos of your child, knowing that your child's name will not be attached to these photos.  **Please check the box here if you do not wish your child's photo be used.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_