

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**LAKESIDE COMMUNITY PRESBYTERIAN CHURCH  
SONWORLD ADVENTURE PARK  
VACATION BIBLE SCHOOL (VBS) - July 7<sup>th</sup> - 11<sup>th</sup>  
REGISTRATION FORM**

**Please use a separate form for each child enrolled in the program**

Birth Date: \_\_\_\_\_ Grade in Sept. 2008: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

(Opt) Alternate Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Does your child have special needs we should be aware of? \_\_\_\_\_

Any health problems/allergies/drug reactions? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

T-Shirt Size: (Children's Sizes)  S  M  L  XL

Do you regularly attend church?  No  Yes, at \_\_\_\_\_

Has your child attended our Vacation Bible School (VBS) program in previous years?  No  Yes

How did you hear about our VBS program? \_\_\_\_\_

School attended: (check one)  Lakeside Farms  Lakeview  Lemon Crest  Lindo Park

LCPC Preschool  Riverview  Wintergardens  Other \_\_\_\_\_

I give my permission for the minor named above to attend Vacation Bible School at Lakeside Community Presbyterian Church from July 7 - 11, 2008. In case of a medical emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the minor named. (Every reasonable effort will be made to contact you first.) In case of accident or injury, I will not hold the church or it's staff and volunteers liable.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~~~~Do not write below this line~~~~~

Paid: \_\_\_\_\_ Check #: \_\_\_\_\_