

Child's Name: _____ Birth Date: _____ Age: _____ Grade in Sept. 2016 _____

**Lakeside Community Presbyterian Church
Vacation Bible School Registration Form
July 11 – 15, 2016**

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

Parent's Name: _____ Daytime Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Emergency Contact: _____ Daytime Phone: _____

(Opt) Alternate Contact: _____ Daytime Phone: _____

☐ I will pick up my child. ☐ _____ will pick-up my child.

Your child will only be released to you or the person listed above, unless we have been otherwise notified.

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: _____

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 11 - 15, 2016. 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.

Signature of Parent or Guardian: _____ Date: _____

PHOTO RELEASE: I release my child's image and likeness in the photos taken at the above place and dates to be used by Lakeside Community Presbyterian Church (LCPC) for purposes of promotion and public display in promoting LCPC and its mission. No names will ever be displayed.

Signature of Parent or Guardian: _____ Date: _____

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

Paid: Date \_\_\_\_\_ Cash ☐ \_\_\_\_\_ Check ☐ \_\_\_\_\_  
Amount Check #