



STAFF ONLY

Grade (2017-2018 school year): _____

May we have permission to use your child's/children's photos for the purpose of promotion? (Y) (N)

Attendee's Information

(1) Name: _____ DOB (M/D/Y): _____

Parent/Guardian Name: _____ Cell: _____

2nd Parent/Guardian Name: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Church Member: (Yes) (No) If yes, what church? _____

Are you a guest: (Yes) (No) If yes, of whom? _____

Persons to Contact in case of an emergency if parents can not be reached:

Name: _____	Relationship: _____	Phone: _____
_____	_____	_____
_____	_____	_____

List anyone else who may pick up your child/children. _____

Medical Information

Allergies (if none write N/A): _____

Special Information: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

Siblings Attending VBS

***STAFF ONLY**

***Grade ('17-'18)**

Name: _____	DOB (M/D/Y): _____	_____
(2) _____	_____	_____

Special Info: _____

(3) _____	_____	_____
-----------	-------	-------

Special Info: _____

(4) _____	_____	_____
-----------	-------	-------

Special Info: _____

I hereby authorize the leaders of FBCC VBS to act on my behalf when I cannot be contacted, IN CASE OF AN EMERGENCY, resulting in the need of immediate medical attention for my child/children listed above. I also agree to hold harmless the FBCC VBS leadership and First Baptist Church of Castroville from any accidents as a result of my child's/children's participation in its activities. Furthermore, I agree to reimburse First Baptist Church of Castroville for any and all medical expenses.

Signature

Date

