

Church of Hope Vacation Bible School

June 26-30, 2017

CHILD'S NAME: _____

PARENT OR GUARDIAN NAMES: _____

STREET AND MAILING ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBERS- HOME _____ CELL _____

BIRTHDAY: _____ AGE: _____

LAST SCHOOL GRADE YOU COMPLETED: _____

ALLERGIES/MEDICAL INFORMATION:

EMERGENCY CONTACTS

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Please check & fill in the appropriate information regarding dismissal:

_____ MY CHILD WILL BE PICKED UP BY _____

RELATIONSHIP TO CHILD AND PHONE NUMBER _____

_____ MY CHILD WILL WALK OR RIDE HIS OR HER BIKE TO VBS

**For those of you who will be picking up your children, please note that due to safety concerns for your child, we will have each parent/guardian pick up their child in the sanctuary.

Parent/legal guardian signature _____

Your signature gives us permission to assess emergency care if an emergency arises and also allows us to dismiss your child accordingly.