

Church of Hope Vacation Bible School

June 22-26, 2015

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.**