

WINFIELD BIBLE CHAPEL SCIENCE VBS REGISTRATION FORM

EMAIL ADDRESS: _____

CHILD'S NAME: _____

CHILD'S GENDER: MARK ONLY ONE OVAL. M F

CHILD'S AGE: _____ CHILD'S DOB ___/___/_____

LAST SCHOOL GRADE COMPLETED

MARK ONLY ONE OVAL.

K 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH 10TH 11TH 12TH

NAME(S) OF PARENT(S): _____

STREET ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____

HOME PHONE: (____) _____

PARENT/CAREGIVER'S CELLPHONE: (____) _____

HOME CHURCH: MARK ONLY ONE OVAL.

WINFIELD BIBLE

N/A

OTHER: _____

IN CASE OF EMERGENCY, CONTACT...

NAME: _____ PHONE: (____) _____

RELATIONSHIP TO CHILD: _____

ALLERGIES OR OTHER MEDICAL CONDITIONS: _____

BY SIGNING BELOW I REQUEST THAT MY CHILD BE PERMITTED TO PARTICIPATE IN THE WINFIELD BIBLE CHAPEL VBS PROGRAM. I AGREE TO HOLD HARMLESS WINFIELD BIBLE CHAPEL OR ANY OF THEIR AGENTS IN THE EVENT OF ACCIDENT, ILLNESS, INJURY, OR DEATH, WHICH MAY OCCUR DURING ANY AND ALL ACTIVITY. I ALSO GRANT PERMISSION TO PHOTOGRAPH/VIDEO MY CHILD FOR USE IN REPRESENTING WINFIELD BIBLE CHAPEL SUCH AS (BUT NOT LIMITED TO) OUR BULLETIN BOARD, FACEBOOK PAGE, & WEBSITE).

SIGNED

DATE

WOULD YOU LIKE TO ORDER A T-SHIRT FOR YOUR CHILD? (\$10 COST, PAYABLE ON THE FIRST NIGHT OF VBS) IF SO, PLEASE SELECT THE APPROPRIATE SIZE BELOW... MARK ONLY ONE OVAL.

YXS YS YM YL ADULT-S ADULT-M ADULT-L ADULT-XL