

EASTGATE CHURCH
1707 CR 611 – Dayton, TX 77535

Ages 5 – 12

VBS 2023 – KEEPERS OF THE KINGDOM

PARENTS' OR GUARDIANS' INFORMATION:

Last Name _____ First Name: _____

Cell: _____ Alt: Number: _____

Physical Address: _____ City _____ Zip _____

Email: _____

CHILD #1: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Address, if different from above: _____

Last school grade completed _____ Home church _____

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, EpiPen, or other objects, please let us know how we can best serve you and your child.

HEALTH INFORMATION: List any other health concerns that we might need to know about:

Do you regularly attend Eastgate Church? _____

Do your children regularly attend Eastgate Church? _____

If not, would you like more information about our services? _____

If more than one child is being registered, please ask for Additional Child Information page at sign in desk.

EMERGENCY CONTACTS: Please list 2 contacts other than yourself.

Last Name: _____ First Name: _____
Cell Phone: _____ Work Phone: _____

Last Name: _____ First Name: _____
Cell Phone: _____ Work Phone: _____

PHOTO RELEASE: Photographs will be taken, without charge, during the week of Vacation Bible School and on Super Sunday, July 23rd, 2023, These photographs may be posted on Facebook for your access to download and share as you see fit, and may also be used in church publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising or in other similar ways. **Please cross out (X) this paragraph if you DO NOT want your child's photo used.** Crossing this out will allow us to remove your child from the activity before taking photos.

I, _____, am the parent/legal guardian of the child(ren) named herein. I give my permission for him/her to participate in Vacation Bible School at Eastgate Church. I hereby authorize and consent to any medical treatment that may be required for my child(ren). Furthermore, I release and hold harmless Eastgate Church and all parties therewith from liability for all actions taken in good faith to provide medical attention for my child(ren).

X: _____ Date: _____
Parent/Legal Guardian

**VBS 2023 – KEEPERS OF THE KINGDOM
ADDITIONAL CHILD INFORMATION**

PARENTS' OR GUARDIANS' INFORMATION:

Last Name _____ First Name: _____

CHILD #2: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Address, if different from above: _____

Last school grade completed _____ Home church _____

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, EpiPen, or other objects, please let us know how we can best serve you and your child.

HEALTH INFORMATION: List any other health concerns that we might need to know about:

CHILD #3: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Address, if different from above: _____

Last school grade completed _____ Home church _____

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, EpiPen, or other objects, please let us know how we can best serve you and your child.

HEALTH INFORMATION: List any other health concerns that we might need to know about:

CHILD #4: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Address, if different from above: _____

Last school grade completed _____ Home church _____

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, EpiPen, or other objects, please let us know how we can best serve you and your child.

HEALTH INFORMATION: List any other health concerns that we might need to know about:

CHILD #5: Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Address, if different from above: _____

Last school grade completed _____ Home church _____

ALLERGIES: Please list all food and other allergies:

IF YOUR CHILD NEEDS TO KEEP MEDICATION WITH THEM such as an inhaler, EpiPen, or other objects, please let us know how we can best serve you and your child.

HEALTH INFORMATION: List any other health concerns that we might need to know about:
