EASTGATE CHURCH 1707 CR 611 – Dayton, TX 77535

Ages 4 – 12

VBS 2019

CHILD'S INFORMATION:		DATE OF BIRTH:		/	_AGE:	
Last Name:				First		Name:
Address:			City		Zip	
Last	school g	rade	completed _		Home	church
PAREN	ITS' OR GU	ARDIAN	IS' INFORMATI	ON:		
	Name _				First	Name:
	s:			City		Zip
Email:						Cell:
Home		_			Work	Phone:
EMER	GENCY CON	TACTS	: Please list 2 c	ontacts other th	an yourself.	
Last	Name:				First	Name:
Cell	Phone:				Work	Phone:

Last	Name:	F	irst	Name:
Cell	Phone:	Worł	٢	Phone:

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.

(REGISTRATION FORM CONTINUED ON REVERSE)

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

DISMISSAL INFORMATION: VERY IMPORTANT: Please list all persons to whom your child may be released:

PHOTO RELEASE: Photographs will be taken, without charge, during the week of Vacation Bible School and on Super Sunday, 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.

I, ______, am the parent/legal guardian of the child 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. 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.

X :	Date:

Parent/Legal Guardian

Comments: