



2018 Vacation Bible School Registration
July 16 - 20 ~ 9 am - noon
For children ages 4 to 5th grade
(Children must be potty trained)
Community Presbyterian Church
P.O. Box 1689, Redmond, 97756
Free to all!

Office Use Only	
Date Registered	_____
Group	_____

Please print below. List child's surname if different from parent.

PARENT(S) OR GUARDIAN	HOME PHONE	CELL PHONE
-----------------------	------------	------------

HOME ADDRESS	ZIP	E-MAIL ADDRESS
--------------	-----	----------------

<p>Child's Name _____</p> <p>F M</p> <p>Circle Birthdate (mm/dd/yy) _____</p> <p>Age Grade Fall 2013 _____</p> <p>List any OTC or prescription medications: _____</p> <p>_____</p> <p>Please list any allergies, dietary restrictions or medical conditions: _____</p> <p>_____</p> <p align="right">F M</p> <p>Camp Buddy (only one) _____</p> <p><small>You will be guaranteed your buddy if they also request you AND they register by August 12.</small></p>	<p>Child's Name _____</p> <p><u>F</u> <u>M</u></p> <p>Circle Birthdate (mm/dd/yy) _____</p> <p>Age Grade Fall 2013 _____</p> <p>List any OTC or prescription medications: _____</p> <p>_____</p> <p>Please list any allergies, dietary restrictions or medical conditions: _____</p> <p>_____</p> <p align="right">F M</p> <p>Camp Buddy (only one) _____</p> <p><small>You will be guaranteed your buddy if they also request you AND they register by August 12.</small></p>	<p>Child's Name _____</p> <p>F M</p> <p>Circle Birthdate (mm/dd/yy) _____</p> <p>Age Grade Fall 2013 _____</p> <p>List any OTC or prescription medications: _____</p> <p>_____</p> <p>Please list any allergies, dietary restrictions or medical conditions: _____</p> <p>_____</p> <p align="right">F M</p> <p>Camp Buddy (only one) _____</p> <p><small>You will be guaranteed your buddy if they also request you AND they register by August 12.</small></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Church Home: _____	Day Phone _____
Emergency Contact Person _____	Phone _____
Physician _____	Policy # _____
Insurance Company _____	

I give permission for my child(ren) to participate in the Community Presbyterian Church Vacation Bible School. I give my permission for my child(ren) to be treated with minor first aid by chaperones. I give my consent for any emergency hospitalization and/or surgical or medical procedures deemed necessary by emergency physicians. Additionally, I give permission for photos of my child(ren) to be displayed at church or on the church's website.

Parent Signature _____

Return this form to the church office by JULY 2 or to PO Box 1689, c/o VBS Registrar