



Vacation Bible School

“Follow the Leader”

Registration Form

July 9-July 13, 2018

9:15 a.m. until 12:15 p.m.

Closing Picnic (6:00 p.m.) and Program (7:00 p.m.) on Friday, July 13

Name of Child: _____

Age: _____ **Grade in the Fall:** _____ **Gender:** _____

Parent or Guardian Name(s): _____

Address: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

E-mail: _____

Medical Release Information

Doctor’s Name: _____

Doctor’s Phone: (____) _____

Known Medical Conditions: _____

Allergies: _____

Additional Information: _____

How did you hear about VBS (church, friend, banner, website)? _____

In case of a medical emergency, I hereby give my permission to the physician selected by the V.B.S. Director to secure proper treatment and/or hospitalization for my child. * Furthermore, I release the adults, leaders, and Wallace Presbyterian Church from any liability that may result from an injury that may occur at V.B.S. and/or from any emergency medical treatment.

Signature of parent or legal guardian: _____

Date: _____

*The V.B.S. Director will make every attempt to reach the parent/legal guardian listed above.
Wallace Presbyterian Church: 3725 Metzert Road, College Park, MD 20740 (phone 301-935-5900)
or email this completed form to info@wallacepca.org