



**Vacation Bible School**

**“Faithful Friendship”**

**Registration Form**

**July 11-July 15, 2015**

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

***Closing Picnic (6:00 p.m.) and Program (7:00 p.m.) on Friday, July 15***

**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)***