



# VBS 2011 Registration

Child's Name: \_\_\_\_\_

PLEASE CHECK THE VBS AGE GROUP OF YOUR CHILD:

- Preschool** (Nursery-K4—The children or grandchildren of VBS volunteers ONLY!)
- Completed K5 through Completed 3rd grade**
- Completed 4th through completed 12th grades**  
(Mission Trips RELEASE FORM must be completed on the opposite side of this form!!!)

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_ Wk \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Age Information: Age \_\_\_\_\_ Birth date \_\_\_\_\_ Last grade **completed** in school \_\_\_\_\_

Medical Information Medical or other information we need to know.

(Please include any food allergies.)



Emergency Contact (other than parent:)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Other Information:

Child's T Shirt size (please circle size:) Youth XS, Sm, Med, Large, or Adult Sm, Med, Large or XL  
(T Shirts will be provided at no extra cost however donations are welcome!)

Your home church: \_\_\_\_\_

If you are visiting our church, who are you a guest of? \_\_\_\_\_

If your child has as friend request, please name just **one** friend here: \_\_\_\_\_

(It is ok if the friend is not in the same grade as your child, however children must be in completed 4th grade or up to go on the Mission Trips.)

VBS snacks are all peanut free, yet might be processed in a plant that processes peanuts or tree nuts. If you have any questions, concerns, or need to send a special snack with your child, please contact Beth Ouellette at 244-7035.

*In case of medical emergency, the VBS directors will make every attempt to reach the parent/legal guardian or the emergency contact listed above. I hereby give my permission to the physician selected by the VBS Director(s) to secure proper treatment and/or hospitalization for my child. I HEREBY WAIVE AND RELEASE First Presbyterian from ALL liability and agree to accept all medical expense incurred. I hereby give my permission to First Presbyterian Church to use photographs or video taken of my child in publicity such as DVDs, newsletters, or the church website. I understand that my child will not be identified by name.*

**Parents of Mission Trip children:** I give permission for my child to participate in the local missions within Greenville, SC. I understand that my child will either ride in the church vehicle or will ride with one of our chaperones in their vehicle.

**If you plan to volunteer... THANK YOU SO MUCH!!! Please fill in our volunteer post card to say where you would like to serve. Preschool VBS is for volunteer's children ONLY!!!**

Parent/guardian signature: \_\_\_\_\_