

EASTGATE CHURCH
1707 CR 611 – Dayton, TX 77535
VBS PARTICIPANT REGISTRATION - 2018
Ages 4 – 10
LEGO – Kingdom Builders

CHILD'S INFORMATION: DATE OF BIRTH: _____ AGE: _____

Last Name: _____ First Name: _____

Address: _____ City _____ Zip

Last school grade completed _____ Home church _____

PARENTS' OR GUARDIANS' INFORMATION:

Last Name (M): _____ First Name: _____

Address: _____ City _____ Zip

Email: _____ Cell: _____

Home Phone: _____ Work Phone: _____

Last Name (F): _____ First Name: _____

Address: _____ City _____ Zip

Email: _____ Cell: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACTS: Please list 2 contacts other than yourself.

Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____

Last Name : _____ First Name: _____

Cell Phone: _____

Work Phone:

(REGISTRATION FORM CONTINUED ON REVERSE)

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

HEALTH INFORMATION: 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. _____

List all allergies and/or health concerns that we might need to know about:

HEALTH ISSUES IN REGARDS TO FOOD: If your child needs special snacks due to health needs or medical conditions please let us know at registration. We will be glad to try to accommodate those needs.

FOOD ALLERGIES: Please list all food allergies:

PHOTO RELEASE: Photographs will be taken, without charge, during the week of Vacation Bible School and on Super Sunday, These photographs will 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, _____, parent/legal guardian of _____

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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: _____
Parent/Legal Guardian

Date: _____