

**EASTGATE CHURCH**  
1707 CR 611 – Dayton, TX 77535

**Ages 4 – 12**

**VBS 2024 – SCUBA**

**PARENTS' OR GUARDIANS' INFORMATION:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Alt: Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**CHILD #1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home church \_\_\_\_\_

**ALLERGIES:** Please list all food and other allergies:

\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_

**HEALTH INFORMATION:** List any other health concerns that we might need to know about:

\_\_\_\_\_  
\_\_\_\_\_

Do you regularly attend Eastgate Church? \_\_\_\_\_

Do your children regularly attend Eastgate Church? \_\_\_\_\_

If not, would you like more information about our services? \_\_\_\_\_

If more than one child is being registered, please fill out the Additional Child Information page.

**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: \_\_\_\_\_

**PHOTO RELEASE:** Photographs will be taken, without charge, during the week of Vacation Bible School and on Super Sunday, July 23<sup>rd</sup>, 2023, These photographs may 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.** Crossing this out will allow us to remove your child from the activity before taking photos.

I, \_\_\_\_\_, am the parent/legal guardian of the child(ren) named herein. I 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(ren). 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(ren).

X: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian

**VBS 2024 – SCUBA  
ADDITIONAL CHILD INFORMATION**

**PARENTS' OR GUARDIANS' INFORMATION:**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

**CHILD #2:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home church \_\_\_\_\_

**ALLERGIES:** Please list all food and other allergies:

---

---

**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.

---

**HEALTH INFORMATION:** List any other health concerns that we might need to know about:

---

---

**CHILD #3:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home church \_\_\_\_\_

**ALLERGIES:** Please list all food and other allergies:

---

---

**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.

---

**HEALTH INFORMATION:** List any other health concerns that we might need to know about:

---

---

**CHILD #4:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home church \_\_\_\_\_

**ALLERGIES:** Please list all food and other allergies:

---

---

**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.

---

**HEALTH INFORMATION:** List any other health concerns that we might need to know about:

---

---

**CHILD #5:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home church \_\_\_\_\_

**ALLERGIES:** Please list all food and other allergies:

---

---

**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.

---

**HEALTH INFORMATION:** List any other health concerns that we might need to know about:

---

---