



June 4, 2016
9:30 AM - 2:00 PM

Return registration form to **Central Christian Church**
204 S. Broad St, Lampasas. TX 76550
info@ccclampasas.org
512-556-2028

Central Christian Church VBS Registration Form (one per child)

Vacation Bible School is for children who have completed kindergarten through 5th grade.
A snack and lunch will be served.

Child's Name: _____

Contact Information

Parent/Guardian Name: _____

Address: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

AGE INFORMATION

Birthdate: _____ Last grade completed: _____

MEDICAL INFORMATION

Medical information or other Information we need to know. (Please include any food allergies.)

DISMISSAL INFORMATION

Who may pick your child up? _____

OTHER INFORMATION

Does your family attend church? If so where _____

Child's Name: _____

EMERGENCY CONTACTS (OTHER THAN LISTED ABOVE)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

RELEASES

May we post your child's name and food allergy information for VBS staff to see?

Yes _____ No _____

May we have permission to photograph your child? Yes _____ No _____

May we have permission to use your child's photograph in future VBS promotional material?

Yes _____ No _____

I, the undersigned, as the parent or legal guardian of the named child, do hereby give permission for him/her to participate in *Side Kickin' It* VBS Adventure at Central Christian Church.

I authorize VBS staff or designated medical professionals to administer emergency medical assistance should it become necessary, understanding that I will be contacted immediately in such an event. In the event that someone cannot be reached in an emergency, I hereby authorize the physician selected by the church to proper treatment necessary for the child named above. I accept responsibility for payment of expenses incurred as a result of medical treatment.

Parent/Guardian Signature: _____

Date: _____