

# Pine Ridge Vacation Bible School Registration

## June 26-30, 2017

(One form per child)

Child's name: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

Special needs (allergies, medical or other): \_\_\_\_\_

Doctor name and phone number: \_\_\_\_\_

Persons who are authorized to pick up my child: \_\_\_\_\_

**Note: We email and/or text for ALL communication; please include an email and/or cell phone number that you check daily.**

(Child's name) \_\_\_\_\_ has permission to participate in all activities at Vacation Bible School. I will be responsible for my child's behavior in every activity at the camp. In case of accident, he/she may receive medical treatment. (We would make every attempt to contact you before treating your child.)

I give my permission for Pine Ridge Presbyterian Church to use my child's image in promotional materials and publications.     Yes     No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Office use only

Amount paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date paid: \_\_\_\_\_