



# Egypt

## Heritage Baptist Church Vacation Bible School Registration 2010

Dates: June 6-10, 2010

*Our VBS is for children 4 years old through entering 7th Grade.*

### Child's Information (please print)

\*Name: \_\_\_\_\_ \*Goes By: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

\*Grade Entering: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*Birth date: \_\_\_\_\_ Work: \_\_\_\_\_

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

\*Allergies, medical/physical conditions, or developmental challenges of which the staff should be aware?  Yes  No

If yes, include type, severity, and treatment for allergic reaction: \_\_\_\_\_

Does allergic reaction require use of Epi Pen?  Yes  No

Does child have Epi Pen with him/her?  Yes  No

Current Medications: \_\_\_\_\_

\*Child's Height: \_\_\_\_\_ \*Child's Weight: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Gender:  Male  Female

Is a member or regularly attends Heritage Baptist Church?  Yes  No If no attends: \_\_\_\_\_

### Parent/Guardian

\*Name: \_\_\_\_\_ \*\*On VBS Staff Yes  No   
Address and Phone # (if different from child's): \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(If other than parent or guardian)

If unable to pick-up your child, list another ADULT authorized to do so.: \_\_\_\_\_

Is there a non-custodial parent who MAY NOT pick up your child?  Yes  No

Name of person who MAY NOT pick up your child: \_\_\_\_\_

**I understand and appreciate that only I or another adult authorized by me may pick up my child(ren) from VBS.**

\*Parent/Guardian's Signature: \_\_\_\_\_

### \*Designates required information

**\*\*If the person picking up and dropping off this child is on VBS staff and the child will be in Before Care or After Care, please mark yes.**