

Registration Form

Complete the form for each child registering for Vacation Bible School.

NAME:		
GE:	WITH JEST	
GRADE: (entering grade in the September)		
ADDRESS: ZIP CODE: PARENT/GUARDIAN: DAY PHONE/CELL PHONE:	- - -	
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		Lunch will be provided. Please include any food allergies. ALLERGIES:(include food, seasonal, medications)
	Please note other concerns the VBS Staff need to know about your child (i.e. health, emotion behavioral or learning)	– nal, –––
EMERGENCY CONTACT PERSON/PHONE NUMBER:		
Volunteers are needed to:		
 ✓ Assist students in the classroom ✓ Assist with craft activities ✓ Assist with outdoor/indoor activities ✓ Set up/Clean up Lunch ✓ Maintenance 		
(Great opportunity for 8th graders and high school students to earn Service Learning hours!)		
PLEASE READ/SIGN THE FOLLOWING STATEMENT:		
I give permission for my child to attend and participate in Vacation Bible School at Leadenhall Baptist C event of an accident or injury to my child, on or off the property of the church, I do hereby relinquish a any legal action or claims against the church, VBS staff or church officials.		
The staff of Leadenhall Baptist Church's Vacation Bible School are qualified and concerned professional the love of Christ. We expect all students to be respectful and cooperate with every staff member. All V guidelines must be adhered to by all participants. Those who cannot follow the rules will be dismissed program.	'BS rules and	
PARENT/GUARDIAN SIGNATURE		

DATE: _____