

Vacation Bible School Summer 2018



June 11(Mon.) – June 14 (Thurs.)

Drop-off: 8:45am Pick-up: 11:45am

Ages: 4 (or turning 4 by Sept 1) to 5th Grade

Covenant Presbyterian (4000 Ridgewood Road)

Deadline: May 27th

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Father Full Name (*print clearly*) Cell Phone

Mother Full Name (*print clearly*) Cell Phone

Father's Email Mother's Email

Street Address (*please print*) City State Zip

Alternate person(s) authorized to pick up children below. *Must be able to show photo ID!*

Child Registration Form

*Multiple children must live in the same household and under the care of the same parent/guardian.
All other children must be listed on a separate form, to be accompanied with this form.*

1) _____ M / F _____ / ____ / ____
Child Name Sex Age D.O.B Grade Entering in 2018
**Food Allergy? Circle One: Yes No Specific Allergy: _____

2) _____ M / F _____ / ____ / ____
Child Name- Sex Age D.O.B Grade Entering in 2018
**Food Allergy? Circle One: Yes No Specific Allergy: _____

3) _____ M / F _____ / ____ / ____
Child Name- Sex Age D.O.B Grade Entering in 2018
**Food Allergy? Circle One: Yes No Specific Allergy: _____

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CONTACT INFORMATION:

COVENANT PRESBYTERIAN – 601.981.7236
Lisa Ireland - children@CovenantPresJackson.org
ADDRESS: 4000 Ridgewood Road, Jackson, MS 39211

CONSENT FOR PARTICIPATION IN VBS ACTIVITIES, AND RELEASE FROM LIABILITY.

Consent and Release. I/we hereby grant permission for my/our child or children listed on this form to participate fully in all Covenant Presbyterian Church 2018 Vacation Bible School (“VBS”) activities and programs. I/we specifically release Covenant Presbyterian Church and its officers, employees, and volunteers from any and all liability as to any right of action or claim to relief, including negligence, that may accrue either to me/us or our child or children for any injury or damage that my/our child or children may suffer while participating in activities and programs of Covenant’s VBS.

Photo Authorization. I/we authorize Covenant Presbyterian Church to use my child’s image in photographs, videos, or other digital images from VBS activities in print, electronically, or on websites.

Authorization for Alternate Person to Pick Up Child/Children. I/we authorize Covenant Presbyterian Church to release my/our child or children to any person listed on this form as an alternate person authorized to pick up children.

Child Behavior Agreement. I/we also agree that in the event my/our child or children contravenes the activity rules, instructions, or regulations of the adult leaders in charge, I/we will drive to the site of the activity to bring my/our child or children home.

Child’s Health Agreement. My/our child or children are in good physical condition at the present time, and has (have) not had any serious illness or operation since the last examination by a physician. If my/our child is not well at the time of any activity of Covenant’s VBS, I/we will not let my child attend.

Statement on Allergies. My/our child is allergic to the following medicine, food, plant, animal, or insect toxin (if multiple children are listed on form, identify which has the allergy):

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Request for and Agreement to Pay for Medical Treatment. In the event of illness or accident in the course of any Covenant VBS activity or program, I/we hereby request and authorize such medical personnel as selected by the adult leaders in charge to institute without delay such measures as the judgment of the medical personnel dictates for the health of my/our child. I/we agree to pay for all medical care given to my/our child. I understand that if time allows, VBS personnel will try to contact me, but may not be able to do so.

FATHER'S SIGNATURE	DATE	MOTHER'S SIGNATURE	DATE
(Both parents to sign.)			

FATHER'S NAME (Please Print)	MOTHER'S NAME (Please Print)
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