

Faith Presbyterian Church Vacation Bible School Registration

Faith Presbyterian Church 625 Florin Road, Sacramento, CA 95831 (916) 428-3439 (x306) cmendoza@faithpresby.org

CHILD'S FULL NAME	AGE	DATE OF BIRTH	GRADE	ALLERGIES, SPECIAL NEEDS

AUTHORIZED ALTERNATIVE CHILD PICK-UP AND RELEASE LIST

I/We, the below signed parent(s) or legal guardian(s) of the child(ren) listed on this form want to help Faith Presbyterian Church keep a safe, loving and nurturing environment for our children. We understand that children will not be released from the VBS program on their own. Our child(ren) will be supervised by an adult Faith Church has placed in charge until we sign them out. I/we give permission for the following adults to check our child(ren) in or out of this ministry of Faith Presbyterian Church if we are unable to pick our child(ren) up.

LEGAL NAME OF AUTHORIZED PERSON(S)	RELATIONSHIP	HOME, OR CELL PHONE #

PERMISSION TO PARTICIPATE

I, the parent/guardian of the child(ren) named on this form, do hereby give my consent for my child(ren) to participate in Vacation Bible School at Faith Presbyterian Church.

WAIVER

In consideration of the benefits to be derived from this ministry activity, I hereby waive any claim against Faith Presbyterian Church, the church staff, any volunteers, and any agents of the church.

PHOTOGRAPHIC AUTHORIZATION

I, the parent/guardian of the child(ren) named on this form, do hereby acknowledge that pictures of my child(ren)/ward(s) may be taken during Vacation Bible School. I understand this and give my permission for Faith Presbyterian Church to use any images taken on their website, in print media, in a display, or by electronic projection.

EMERGENCY MEDICAL RELEASE

Please be advised that the bearer of this form has full and complete authority to approve any emergency medical or dental care deemed necessary for any child (ren) named on this form. In the event that the parent or guardian can not be reach in an emergency I herby authorize a representative of Faith Presbyterian Church to make arrangements as (s)he considers necessary for the child(ren) to receive medical or hospital care, including necessary transportation.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

PRINTED NAME(S) OF PARENT/GUARDIAN (#1): _____ (#2) _____

MAILING ADDRESS: _____ CITY and ZIP: _____

HOME PHONE _____ Parent/GUARDIAN (#1) CELL PHONE _____ (#2) CELL PHONE _____

E-MAIL ADDRESS (S) _____

Home Church Name: _____ CITY and ZIP: _____

PRIMARY FAMILY PHYSICIAN _____ PHONE _____

NAME OF MEDICAL INSURANCE _____ PHONE _____

MEDICAL INSURANCE POLICY # _____ GROUP # _____

Please mail completed form and a \$10 donation to the church office or email to cmendoza@faithpresby.org

