

The Olympitudes

Wednesday – July 1/8/15/22
From 7:00-8:30pm

REGISTRATION FORM – KINDERGARTEN THROUGH GRADE 5 (2009-10 SCHOOL YEAR)

	AGE	B-Day	Grade
Child's Name: _____	_____	_____	_____
Child's Name: _____	_____	_____	_____
Child's Name: _____	_____	_____	_____
Child's Name: _____	_____	_____	_____
Address: _____	City: _____	Zip: _____	

Home Phone # _____

Mother's name: _____ Cell phone: (____) _____

Father's name: _____ Cell phone: (____) _____

Email you regularly check (we need you to register for breakouts) _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Church home, if any: _____ Invited by: _____

Is there anyone who should NOT pick up your child?

I, _____ (parent/legal guardian), understand that video footage will be shot throughout the week of Vacation Bible School, and my child, _____ (child's name), may appear in a highlight video for church use at any given time.

I also hereby approve the participation of my child in the First Church of the Nazarene Vacation Bible School and waive all claims against the same, or any of its Boards or Representatives, because of injuries or other damages incurred by my child. I hereby give permission to the Nazarene adult chaperones to secure emergency medical and/or surgical treatment while attending the VBS program if they are unable to reach a parent.

Signature of parent or legal guardian: _____ Date: _____

Doctor's Name: _____ Phone: (____) _____

Insurance Company: _____ Policy #: _____

REGISTRATION FEE: \$10 / CHILD; \$30 MAX / FAMILY

All children must be picked up by 8:30 p.m.

FOR CHURCH USE ONLY

◇ SPECIAL NEEDS ◇ ALLERGIES

Fee Paid: _____ Cash / Check # _____

Notes _____