



**Child** *(fill out one form per child)*

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender M / F Age \_\_\_\_\_ Grade Completed (as of June 2018) \_\_\_\_\_ Birthday \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Parents**

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Guardian 1: Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian 2: Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Other Siblings in VBS**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Health Information**

Allergies \_\_\_\_\_

Found In \_\_\_\_\_

Symptoms that an allergic reaction is occurring in your child: \_\_\_\_\_

Does this allergy require an EpiPen? (circle) Yes / No If Yes, we need one provided for us to keep here labeled for the child.

What should we do to help child in the case of a reaction? \_\_\_\_\_

Other Medical Concern(s) \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Church Affiliation**

Do you have a church you regularly attend? (circle) Yes / No If yes, which church? \_\_\_\_\_

**I attest that the above information is accurate to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Drop off/Pickup**

Do you need early drop off (8:15 a.m.)? (circle) Yes/No If yes, which days? \_\_\_\_\_

Do you need late pickup (4:00–6:00 p.m.)? (circle) Yes/No If yes, which days? \_\_\_\_\_

If you would like to allow your child to be dismissed unaccompanied, please fill out below:

I hereby give my child, \_\_\_\_\_, permission to be dismissed from program time unaccompanied by an adult. I agree to not hold Holy Trinity Church Inwood liable for any incident occurring with my child after he/she leaves the premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

**Photo/Video Permission**

My signature below indicates that I herby consent that any and all images and representations of the participant by any media, including photography, audiovisual recordings or other means (“Images”), whether in existence today or created hereafter, may be used by Holy Trinity Church Inwood for any purpose that the church deems appropriate, including, but not limited to, educational and training purposes, commercial or non-commercial purposes, in reports, publications and educational materials or for publicity (including by means of the Internet, in print or otherwise). I understand that the Images may include the Student’s name, likeness, image or voice (all of which be altered or modified), and will be disseminated to the public and may be copies or otherwise reproduced. I hereby release the church from any liability that may arise from using the images in any manner described herein. I also release the church from any liability that arise from dissemination of such images and the use of the images by the public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

**Field Trip Permission**

During each session we will have one (1) supervised trip off premises. Please sign below to indicate permission for your child to travel by walking and/or train for these field trips.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

**Tuition**

- 1<sup>st</sup> Child:  Session \$95       Late Pickup \_\_\_\_\_ days X \_\_\_\_\_ hours at \$5=\$ \_\_\_\_\_
- 2<sup>nd</sup> Child:  Session \$95       Late Pickup \_\_\_\_\_ days X \_\_\_\_\_ hours at \$5=\$ \_\_\_\_\_
- 3<sup>rd</sup> Child:  Session \$95       Late Pickup \_\_\_\_\_ days X \_\_\_\_\_ hours at \$5=\$ \_\_\_\_\_

Total Tuition (for entire family) \$ \_\_\_\_\_ (10% discount will be applied for two or more registrations)

**Payment (For Office Use Only)**

Payment received    Date received \_\_\_\_\_    Check number (if applicable) \_\_\_\_\_

Payment received by (initials) \_\_\_\_\_