



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

1st Child: Session \$95 Late Pickup _____ days X _____ hours at \$5=\$ _____

2nd Child: Session \$95 Late Pickup _____ days X _____ hours at \$5=\$ _____

3rd 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) _____