

Living Waters Church
Vacation Bible School Registration Form
August 12th – August 16th 2013 9:00 AM – 12:30 PM

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade Entering Fall 2013</u>
<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade Entering Fall 2013</u>
<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade Entering Fall 2013</u>
<u>Child's Name</u>	<u>Date of Birth</u>	<u>Grade Entering Fall 2013</u>

If Entering 6th -12th Grade

Please Indicate Preference: _____ Participant or _____ Shepherd in Training (Helper).

Parent/Guardian Name: _____

Address: _____

Email: _____

Phone Numbers:

Home: _____ Cell: _____

Work: _____ Other: _____

Please indicate any specific concerns about your child's allergies, medical concerns, cognitive disabilities, history of trauma or abuse, behavioral diagnosis, etc... including if they will carry epi-pens, medication or inhalers:

Family Doctor: _____

Medical Insurance Company: _____

Policy Number: _____

Policy Holder's Name: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Dismissal Information:

Name of the Person(s) Who May Pick Up My Child/Children from VBS each day _____

Volunteering: Are you willing to help with VBS? _____

If so, please fill out a volunteer form or provide your availability/preference: _____