



LOCK HAVEN BAPTIST
CHURCH 2019 VBS
REGISTRATION FORM



Ages 4-14

CHILD'S NAME: _____

IS YOUR CHILD A BOY___/GIRL___? (Please select the appropriate answer)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

PARENT/GUARDIAN NAME(S): _____

GRADE IN THE COMING SCHOOL YEAR: _____ CURRENT AGE: _____

WHO INVITED YOU OR HOW DID YOU HEAR ABOUT OUR VBS?

EMERGENCY CONTACT NAME: _____

PHONE(S): _____

DESCRIBE ANY ALLERGIES/CONDITIONS OUR STAFF NEEDS TO BE AWARE OF:

ANY OTHER SPECIAL INSTRUCTIONS?: _____

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL ACTIVITIES AND PROGRAMS AT LOCK HAVEN BAPTIST CHURCH. I AGREE THAT LOCK HAVEN BAPTIST CHURCH AND ITS STAFF AND VOLUNTEERS WILL NOT BE HELD RESPONSIBLE FOR ACCIDENTS OR PERSONS INJURED ARISING THERE FROM. I ALSO REALIZE THAT MY CHILD MAY BE PHOTOGRAPHED OR IN VIDEOS DURING THE VACATION BIBLE SCHOOL TIME. I WAIVE THE RIGHT TO INSPECT OR APPROVE THE PHOTO FOR PUBLICATIONS OR PUBLICITY FOR CHURCH PURPOSES.

PARENT/GUARDIAN SIGNATURE: _____

DATE: ____/____/2019 Please print and sign above then bring this form with your child to Vacation Bible School. Please complete one form for each child attending.

Lock Haven Baptist Church, 14246 Boggy Creek Road, Orlando, FL 32824 • 407-851-5420 • <http://LockHavenBaptist.org>