



2007 VBS REGISTRATION

GALILEE BY-THE-SEA



VBS is for children entering Kindergarten through those just completing 5th grade

Child's Name: _____

Date of Birth: _____ Grade Completed: _____

Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

EMERGENCY CONTACT NAMES AND PHONE #S:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency, do we have permission to seek medical attention if you are not on the premises? YES NO (Please circle one)

If yes, what doctor do you prefer we contact if there is time?

Dr. _____ Phone Number: _____

Does your child have any allergies or illnesses that we need to be aware of?

Does your child require an EPI pen? YES NO (please circle one) Will you provide it? YES NO

List the people who have your permission to claim your child?

Do we have your permission to photograph your child during the program to use for the slideshow and church web site (no names will be used with the photos)?

What church, if any, do you normally attend? _____

Any additional information you would like us to be aware of?

How did you hear about SPEP's VBS 2007? _____

Did a friend invite you? If so who? _____

What can we be praying for, specifically for your child?

I hereby grant authorization for my child to be medically treated if deemed necessary. I have provided all necessary information that would effect treatment determination in the above documentation. I further understand that I am responsible for picking up my child personally unless I otherwise give instruction, in writing, authorizing someone else to pick him or her up. The VBS programs begin at 8:45 am and end at 12:15 pm each day.

Date

Parent/Guardian's Signature

There is a \$5 registration fee for each child registering for VBS with a maximum of \$15 per family.

(Scholarships available: for information please contact Lucy Byrd (410-315-9148) or Nicola Kangas (410-729-0837)