

Vacation Bible School (1st – 5th Grade) Registration Monday June 26 – Friday June 30 9-11:30am

Child's Name: _____ (One form per child please)

Grade Completed: _____ Birthday: ____/____/____ Age: _____

Parent's Name(s): _____

Home Address: _____

City _____ State _____ Zip _____

Email _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Food Allergies: { } Yes { } No - If yes, list: _____

Medical Concerns: { } Yes { } No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (_____) _____

Siblings Attending VBS (Names and Ages):

Name: _____ Age: _____

Name: _____ Age: _____

Church You Attend: _____

Person(s) Name(s) Who May Pick up the Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

CHAPEL BY THE BAY PERMISSION TO PARTICIPATE FORM

My permission is granted for the CHAPEL BY THE BAY (CHAPEL BAY CHURCH) STAFF, CHURCH OFFICIAL, or ADULT volunteer present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, my child is allowed to be driven by church staff or volunteers to/from home and during special events and may be photographed during church activities and these photos may be used in promotional materials.

In case of emergency, my permission is granted for the CHAPEL BY THE BAY STAFF, CHURCH OFFICIAL, or ADULT volunteer present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, my child is allowed to be driven by church staff or volunteers to activities as necessary. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all Chapel by the Bay Church, staff, employees, and volunteers from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in CHAPEL BY THE BAY CHURCH activities. Your child is required to be responsible and respectful at all times. I, by signing this form, agree to all terms.

PARENT/CUSTODIALSIGNATURE_____DATE __/__/__

PARENT/CUSTODIAL NAME (Print)_____

Email this Copy: jnelson@chapelbaychurch.com

Download It: ChapelBayChurch.com

Mail this Copy: Chapel Bay Church, PO BOX 2946, Surf City, NC 28445

Drop it Off: Chapel Bay Church, 216 Michigan Avenue, Surf City, NC 28445 Sunday 10:30am