

First Presbyterian Church
Clarkston, Washington
“SonQuest Rainforest” Vacation Bible School - 2010
FOR CHILDREN WHO TURN 5 BY SEPTEMBER 1, 2010
UP THRU COMPLETED 5TH GRADE

Name: _____

Address: _____

Zip: _____ Phone #: _____ Age: _____ Birth Date: (Month)____ (Day) __ (Year) _____

School Grade COMPLETED _____ Church Home: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Who can pick up this student? _____ Relationship: _____

_____ Relationship: _____

Brothers and Sisters: _____ Age: _____

_____ Age: _____

During VBS I can be reached at: _____ Phone: _____

DOES CHILD HAVE: (YES/NO) If yes, explain.

Diabetes _____

Allergies (Name) _____

Asthma _____

Does child have any other medical condition or other concerns that the staff should know ?

I give my permission for my child's picture (no names) to be on the website of the First Presbyterian Church

Yes No

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter, above named child, to participate in Vacation Bible School at First Presbyterian Church from June 21 through June 25, 2010 and consent and agree to hold harmless First Presbyterian Church, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation in this program.

In case of emergency, I give my authorization to provide whatever emergency care is necessary for my child's safety, and assume primary responsibility for payment.

Date: _____ Signature: _____