

ENROLL ME IN
Vacation Bible School at
Roseland Park Baptist Church

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell # _____

AGE INFORMATION:

School Grade just completed (for children) _____

Current Age for Preschooler _____ DOB _____

OTHER INFORMATION:

Do you go to Sunday School? Yes No

If yes, where? _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photo for promotion? Yes No

MEDICAL INFORMATION:

List any allergies or other medical problems of which we should be aware (include food allergies):

EMERGENCY CONTACT:

Name & Phone _____

Name & Phone _____

Name & Phone _____

In case of emergency, you have my permission to seek medical treatment for my child. All expenses incurred will be paid by me, the parent or guardian. Roseland Park Baptist Church will be relieved from any liability for obtaining such medical treatment for my child.

Signed: _____ Date: _____
(Parent/Guardian's signature)

DISMISSAL INFORMATION:

Who may pick up your child at the end of VBS each day?

Parent

Relative or friend (Name) _____