

PLEASE RETURN THIS COMPLETED FORM TO FAMILY OF GOD COMMUNITY CHURCH



ALL ARE WELCOME

WONDERFUL WACKY WEDNESDAY

VACATION BIBLE SCHOOL

REGISTRATION FORM

CHILD INFORMATION AND EMERGENCY CARE PERMISSON

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

CHILD'S NAME _____ GENDER: M F

CHILD'S AGE: _____ DATE OF BIRTH: _____ GRADE LEVEL, FALL 2017: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ HOME CHURCH: _____

PHONE NUMBERS: HOME _____ CELL _____ WORK _____

ALLERGIES/MEDICAL INFORMATION/OTHER (ALLERGIES TO FOOD, MEDICINE, BEES, ETC.; OR CONDITION

IN THE EVENT OF AN EMERGENCY/CANCELLATION, PLEASE CONTACT ME BY _____

IF DEEMED NECESSARY, THE WONDERFUL WACKY WEDNESDAY VOLUNTEERS HAVE MY PERMISSION TO OBTAIN EMERGENCY SERVICES.

I PREFER TO BE CONTACTED BY: _____ PHONE _____ TEXT _____ E-MAIL

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

DISMISSAL INFORMATION:

NAMES(S) OF PERSONS WHO MAY PICK UP THIS CHILD FROM WONDERFUL WACKY WEDNESDAY

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

_____ I GIVE MY PERMISSION FOR MY CHILD TO RIDE A BUSTO AND FROM, WITH ADULT SUPERVISION, FROM _____ PINE LAKE APARTMENTS _____ BROOKHAVEN ESTATES _____ 42 WASHINGTON ST. TO FAMILY OF GOD COMMUNITY CHURCH.

_____ I GIVE MY PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN FAMILY OF GOD COMMUNITY CHURCH'S WEBSITE/FACEBOOK PAGE.

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE BE SURE TO LET US KNOW IF YOUR PHONE NUMBER OR OTHER CONTACT INFORMATION CHANGES.