Vacation Bible School 2008 Registration
"The Great Bible Reef"

(Please Print)

CHILD'S INFORMATION

Last Name First Middle

Birth Date /
/ Age: Grade entering in fall:

Street Address (Child's) City State ZIP Code	Home Phone No. ( )	Cell Phone No. ( )

Parent's E-Mail address:

Parent Names (Mother, Father, Step-Parents):

Authorized people to pick up my child (Must be over 18 years of age):

MEDICAL INFORMATION

Allergies:

Doctor's Name and Phone Number:

Taking any medications : ❑ Yes ❑ No
If so please list them:

Anything else that you think that we need to know about your child (behavior issues or activity restrictions):

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Child	Home Phone No. ( )	Work/ Cell Phone No. ( )

I, the undersigned parent or guardian of _____, give my permission for the participation in the 2008 Vacation Bible School activities of First Presbyterian Church of Newark, CA. In the event of an illness or accident, I hereby grant permission to a staff member or representative to act as agents for me to consent to medical examination, treatment, hospital care or to administer first aid for minor problems. In accordance with the privilege of participation extended to my child, I hereby release all of the staff, volunteers and agents of First Presbyterian Church of Newark from any liability should injury or death occur.

X _____
PARENT/GUARDIAN SIGNATURE DATE