

# 2022 Vacation Bible School Registration

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Shirt Size \_\_\_\_\_ (Please specify Youth or Adult)

Home Church \_\_\_\_\_

Friends of your child at this church \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Dismissal Information:

Name(s) of person(s) who may pick up this child from VBS:

## TO THE PARENT/GUARDIAN:

I give permission for my child to be in photos used for publicity and on the website (No names of personal information will be used)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

First Christian Church, Atchison Health  
Form on the Back ~ please complete.

Water Inflatables will be set up! Please  
have each child bring a towel.

Please check the box if you DO NOT want  
your child to get wet.

Thank you!



**HEALTH FORM**  
*(To be completed by parent/guardian )*

**PLEASE PRINT:**

**Part I** - Child's / Youth Name \_\_\_\_\_ Sex: **F** \_\_\_ **M** \_\_\_

Person to notify in case of emergency:

#1 Name: \_\_\_\_\_ Relation to Child /Youth \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Home \_\_\_\_\_ (Business) \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relation to Child /Youth \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Home \_\_\_\_\_ (Business) \_\_\_\_\_

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**PART II** - Is the child/youth in general good health and able to participate in all normal activities: \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, please explain: \_\_\_\_\_

**Health Concerns:**

Food Allergies: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Insect Stings; \_\_\_\_\_ Latex Other: \_\_\_\_\_

Subject to: \_\_\_\_\_ Asthma; \_\_\_\_\_ Seizures; \_\_\_\_\_ Skin Rash; \_\_\_\_\_ Fainting \_\_\_\_\_ Rapid or irregular heart beat

Do any allergies require an EPIPEN Injection? Yes \_\_\_\_\_ No \_\_\_\_\_

Is an inhaler required and carried by youth? Yes \_\_\_\_\_ No \_\_\_\_\_

List any other health conditions: \_\_\_\_\_

Please list all prescription medications: \_\_\_\_\_

Does the child /youth experience any side effects from the medication? \_\_\_\_\_

**Additional Information / Instructions:** i.e. Additional volunteer staff may be needed to provide adequate supervision for any special needs.

Physical limitations: \_\_\_\_\_

Emotional stress: \_\_\_\_\_

Behavioral disorders: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_