

2023 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) _____

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: _____