



Emmanuel Baptist Church VBS

June 24-27
9:30am-12:15pm

Children 5 by Sept. 1st through 6th grade welcomed to attend

Today's Date _____ Phone Number _____

Child's Name _____

Parent(s) Name _____

Address _____ City _____ Zip _____

Grade Completed: _____ Age: _____

Church you attend: _____

Person responsible for picking up child after VBS

Phone _____

Relationship to child: _____

Medical Release

Allergies _____
(children with severe food allergies are asked to provide their own snack)

Doctor's Name _____

Please list any medical concerns, learning or physical disabilities, or any other information of which we should be aware (please use back of form if needed)

Emergency Contact Name & Number _____

In the event of an emergency and I cannot be reached at either number listed, I authorize Emmanuel Baptist Church to seek medical treatment for my child.

Parent/Guardian Signature _____