Huntington Chapel's VBS and Children's Ministry Grades 1-5 July 2017-August 2018 Permission & Registration Form



Child's information

Check/Cash/in Mail

Complete_

Child's Name:					
Address:		City:		Zip:	_
	City:Zip: Date of birth// Grade entering Fall 2016: (circle) 1 2 3 4 5				
Food Allergies:		Othe	r Medical Condi	tions	-
Contact Informatio	n				
Parent/Guardian:					_
Parent/Guardian Emai	nail: Cell:				
Emergency Contact (if Name:	-	-			
Name: Preferred Phone Number:					
Please list below anyon your child each day fro			_	ency Contact who will be signi ow a photo I.D.	ng out
Name of other kids yo	ur child would like to h	nave in his/he	er group: (if app	licable)	
	ody of the student nam		•	or him/her to attend any Child ate in all activities from 7/1/20	
requires the attention treatment as deemed to make any medical d contacted.	of a doctor, I hereby connecessary by a licensec	onsent to and d physician ar child if none	d will be respone and authorize the of the emergen	Chapel and it's representatives sible for any reasonable medic leaders of the Huntington Ch cy contacts are able to be	cal
Signed:	Date				
Print name	(Signatu	•			
		-	•	purposes. Your signature abo d's name and personal informa	
will never be listed.					
	For H	untington Ch	apel Use Only		
Payment	Crew		orm	Notes	

Complete