

VACATION BIBLE SCHOOL

Central Steele Creek, 9401 S. Tryon Street
Charlotte, NC 28273 (704-588-1211)

Saturday, July 23, 2016.....9:00am-2:30pm.....Children and Adult Bible Study Program

ADULT REGISTRATION FORM

Name: _____ Address: _____

Phone#: _____ Email Address: _____

Morning Bible Study _____ Afternoon Bible Study _____ I'd like to volunteer; please call _____
(9:40-11:20am) (12:30-2:00pm)

CHILDREN'S REGISTRATION FORM

Child's Name: _____ Age: _____ Gender: _____ Grade Entering: _____

Child's Name: _____ Age: _____ Gender: _____ Grade Entering: _____

Child's Name: _____ Age: _____ Gender: _____ Grade Entering: _____

Home Church: _____

Allergies (food/other): _____

Medical/Special Needs: _____

Parent's Name/Address: _____

Phone# (H): _____ Phone# (C): _____

Emergency Contact: _____ Emergency Phone#: _____

Parent's Email: _____ Alt. Pick-Up Name: _____

Permission to Attend: I give permission for my child named above to attend VBS. I understand that the information I provide herein will only be used for administrative purposes.

Medical: I give permission for the VBS staff to administer to my child basic first aid in the event of minor injury or contact emergency services in the event of significant injury; expenses will be paid by parent.

Photo Release: I give permission for VBS staff to copyright and use photographs/videos taken of my child in any manner/form for any lawful purpose.

Lunch: Will be provided.

Parent Signature: _____ Date: _____

IMPORTANT: An adult, 18 years old or older, must accompany children to the Check-In Desk.

Register now, space is limited! Registration Forms due no later than June 30.

Return form to address above or email form to admin@cscpc.org.