

# Children's VBS Registration Form

(Ages 4 thru Just completed 5th Grade)

**July 15th-19th • 9am - 12pm**



Name of Parent(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Home Church (if applicable): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ (A friend my child would like to be grouped with (if possible) \_\_\_\_\_)

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ (A friend my child would like to be grouped with (if possible) \_\_\_\_\_)

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ (A friend my child would like to be grouped with if possible) \_\_\_\_\_

**T-shirt Size:** Youth XS (2-4) \_\_\_\_\_ YS (6-8) \_\_\_\_\_ YM (10-12) \_\_\_\_\_ YL (14-16) \_\_\_\_\_

Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_

- I do **not** authorize Wellspring Baptist Fellowship to publish photos of my child on any promotional or social media platform.

How did you hear about Wellspring's VBS? \_\_\_\_\_

**Please list all individuals who have permission to pick up your child(ren):**

\_\_\_\_\_

**Drop Off:** For your convenience, you may drop your child(ren) off in the drop-off lane under the canopy, or you may bring them in the main entrance.

**Pick Up:** Children must be picked up in person inside the main entrance at noon.

If a parent/legal guardian is not available in case of an emergency, contact:

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

-OVER-

# Medical Release Form

Wellspring Baptist Fellowship

**Name of the event:** \_\_\_\_\_ Vacation Bible School \_\_\_\_\_

I (we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_,  
a minor, do hereby authorize adult volunteers of **Wellspring Baptist Fellowship** (name of church)  
as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any  
accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from liability **Wellspring Baptist Fellowship**, and any of its ministries, leaders and  
Vacation Bible School support staff in the event of an accident and/or illness related to attending  
Vacation Bible School. Furthermore, the aforementioned are also released from liability while in route,  
during and returning from care from the above mentioned event. This agreement does not apply to  
claims for intentional misconduct or gross negligence.

Date Signed: \_\_\_\_\_ Parent/Legal Guardian (Print) \_\_\_\_\_

Parent/Legal Guardian (Sign) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_ Phone- \_\_\_\_\_

<p>Please list any allergies including food, medications, etc.:</p> <p>_____</p> <p>_____</p> <p>Does your child have any medical or special needs, including medications currently being used?</p> <p>No ____ Yes ____ If yes, please explain. _____</p> <p>_____</p>
--