

VBS Child Registration 2009

\$10 per child - One form per child

PRINT OFF AND MAIL TO WESTOVER WITH \$10 PER CHILD

August 4th - 7th/6:30 pm-8:30 pm (Friday night - Hotdog supper)

For children 3yrs (by 10/16/08) through 5th grade completed-June '09)

Child's Name: _____ Age _____
Male _____ Female _____ Grade in Fall '09 _____ Birthdate _____

Address: _____
City/State: _____ Zip: _____
Parents' Names _____
Phone: Home _____ Work _____ Mobile _____

Medical Information

Physical Handicaps _____
Allergies _____
Medications _____
Family Physician _____ Phone: _____

I give Westover Church permission to obtain necessary emergency medical or surgical care for _____ in the event I cannot be reached and such becomes necessary. I understand every effort will be made to notify me in case of an emergency. I will inform Westover Church if my child has been exposed to any contagious disease within two weeks prior to VBS.

Parent Signature: _____ Date ___/___/___

In case of emergency notify _____

Relationship _____ phone number _____

MAIL TO: Westover Church/Attn: Claudia Matthews, 505 Muirs Chapel Rd. G'boro
27410 or drop off at the Zebra or Giraffe. Checks payable to Westover Church.

"I understand photographs and video may be taken of my child and used for ministry purposes and I give permission to Westover Church to put the finished images to use without compensation in productions, publications, on the web or other printed materials related to the role and function of Westover Church."

Parent Signature: _____