

NLPC VBS 2018 Registration

(One form per child)

Youth/child name: _____

Grade: _____

Birthday ____ / ____ / ____ (mm/dd/yyyy)

Age: _____

Parent(s) name: _____

E-Mail: _____

Primary phone: _____

Secondary phone: _____

Physical Address: _____

City: _____

Zip: _____

Mailing Address: _____

City: _____

Zip: _____

Best way to communicate VBS information:

____ Email

____ Phone

____ US Mail address

____ IM/text

What school does your child attend: _____

The following people are authorized to pick up my child: (ID will be verified)

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

4. Name: _____

Phone: _____

What Church do you attend on a regular basis?

Student Project/Material Release Form

I, _____, as parent or legal guardian, of
hereby give my permission for North Lake Presbyterian Church LOGOS Program to photograph
or videotape my child.

• By signing this form, I give permission to NLPC VBS and its authorized representatives to
publish, distribute, and/display the photographs/videos of my child to be used for publicity
and/or advertising purposes.

Signed: _____

Date: _____

Medical Release Section

Parent Name:

Child Name:

Emergency POC & Phone Number:

Additional Emergency POC & Phone Number:

Hospital Preference:

Health Problems/Allergies: Special needs/Restrictions:

Pediatrician:

Phone:

Authorization for Treatment of a Minor: In the event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian:

Date: _____

Please return completed form to Susan Burton by email (sburton@northlakepc.org) or bring it to the church office.