

VBS 2010 REGISTRATION FORM



PLEASE NEATLY PRINT. THANKS!

PLEASE REGISTER EACH CHILD ON A SEPARATE FORM • DOWNLOAD MORE AT STRAIGHTSTREET.NET/VBS

CHILD'S FULL NAME _____

LIKES TO BE CALLED _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE ON JULY 1, 2010 _____

HOME PHONE _____

EMAIL ADDRESS _____

GENDER M F SCHOOL GRADE COMPLETED IN 2010 _____

SCHOOL ATTENDED IN 2009-2010 _____

ALLERGIES, DIET RESTRICTIONS, HEALTH ISSUES, EMOTIONAL ISSUES, LEARNING ISSUES, SPECIAL NEEDS

CHECK HERE IF YOU HAVE PROVIDED ADDITIONAL INFORMATION ON THE BACK OF THIS FORM

HOW DID YOU HEAR ABOUT CHERRYDALE'S VBS? _____

NAME OF EMERGENCY CONTACT _____

MOBILE PHONE OF EMERGENCY CONTACT _____

PLEASE SELECT ONE:

- I ENCLOSE A CHECK FOR THE \$25 SUPPLY FEE (\$50 FOR ALL CHILDREN FROM THE FAMILY)
- I AM A VBS VOLUNTEER. MY CHILDREN WILL COME AT NO COST.
- I REQUEST A SCHOLARSHIP FOR THIS CHILD

BY SUBMITTING THIS FORM I TESTIFY THAT I AM THE PARENT/GUARDIAN OF THIS CHILD. I HEREBY GIVE MY PERMISSION FOR THIS CHILD TO PARTICIPATE IN VACATION BIBLE SCHOOL AT CHERRYDALE BAPTIST CHURCH, JUNE 28-JULY 2, INCLUDING ALL ANNOUNCED TRIPS. I GIVE MY PERMISSION FOR PHOTOGRAPHS AND VIDEOS OF MY CHILD TO BE TAKEN TO BE USED BY CHERRYDALE BAPTIST CHURCH IN PRINTED AND WEB PUBLICATIONS. I GIVE PERMISSION FOR THE ADULT BEARER OF THIS DOCUMENT (OR A PHOTOCOPY THEREOF) TO AUTHORIZE EMERGENCY MEDICAL TREATMENT OF THIS CHILD BY A LICENSED CAREGIVER IF CARE IS REQUIRED AND I CANNOT BE REACHED.

SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____

RETURN OR MAIL TO: VBS, CHERRYDALE BAPTIST CHURCH, 3910 LORCOM LANE, ARLINGTON, VA 22207
MORE INFORMATION ONLINE AT STRAIGHTSTREET.NET • (703) 525-8210