

Providence Vineyard Christian Fellowship 2017 Vacation Bible School Sign-Up Form

(Fill out one form per child, please)

Yes, I would like to have my child participate in Vacation Bible School activities led by Child Evangelism Fellowship and Providence Vineyard!

Child's Name: _____ My Name: _____

Child's Age: _____

Information that staff should know about my child, such as food allergies, medical, or behavioral concerns:

Names of people who may pick up my child besides myself: _____

Best number to contact me: _____ Backup number: _____

Mailing Address _____

Email Address (Optional) _____

I understand that in the event of a medical emergency, staff and volunteers may need to treat my child or obtain medical help before contacting me, and I give my permission for them to do so.

I also understand that photographs may be taken of VBS activities by staff, other parents, or other students that may include my child. While we cannot control what students or other parents may do, may our staff have permission to publish these VBS photos, but not include personally identifiable information without first getting my additional consent on Facebook or to other Social Media --- YES NO

Signed: _____ Date: _____