

# Vacation Bible School



**June 26 - 30**  
**9:00 - 12:00**  
**Cost: \$25.**  
**Preschool -**  
**6th grade**

Westminster Presbyterian Church

1300 N Street Sacramento 95814  
916.442-8939 or fax 916.447-5729

Childcare is available for infants & toddlers too!

Name of Parent(s)/Guardian (please print): \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

E-MAIL: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

I am available to assist leaders in the mornings (9:00-12:00): Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_

I can help on Friday for the celebratory lunch and Capitol Park field trip at 10:00 Yes \_\_\_\_\_ No \_\_\_\_\_

### Persons authorized to PICK UP my child

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

### CHILD (REN) WHO WILL BE ATTENDING

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Health concerns: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Health concerns: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_

Allergies/Medications \_\_\_\_\_ Health concerns: \_\_\_\_\_

**MEDICAL INSURANCE COMPANY OF PARTICIPANTS**

Insurance Company \_\_\_\_\_ Member's Name \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Children's Medical /policy # if different from parent:

Child's name \_\_\_\_\_ Number \_\_\_\_\_

Child's name \_\_\_\_\_ Number \_\_\_\_\_

Child's name \_\_\_\_\_ Number \_\_\_\_\_

**PLEASE LIST TWO EMERGENCY CONTACTS (OTHER THAN PARENT):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Can your child be included in photographs and/or videos we will take during the week? Yes \_\_\_\_\_ No \_\_\_\_\_**

**I give permission** for the above named child/children to be involved at Westminster Presbyterian Church for activities in the Vacation Bible School, June 26 - June 30, 2017, including church activities at Capitol Park between L and N Streets in Sacramento on Friday, June 30.

**I hereby release** Westminster Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities, to act as an agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

**Signature** of Parent/Guardian. \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL COMPLETED REGISTRATION FORM AND CHECK by JUNE 9, 2017**

Westminster Presbyterian Church c/o Diana Wright 1300 N Street Sacramento, CA 95814  
1300 N Street Sacramento, CA 95814 or fax to 916-447-5729

Cost: \$25. Per child (Camperships available upon request)