

Olivet Presbyterian Church

Vacation Bible School 2019

“Mission Possible”

REGISTRATION FORM

Please bring completed form with your child the first night they attend.

Fill out a separate registration form for each child. (Please print)

Child name: _____ Age: _____

Parent Name: _____

Address: _____ City: _____

Home/Cell phone number: _____ Email: _____

In case of emergency, please call (person & phone number):
. _____

Allergies or other Medical condition we need to know about (confidential):
. _____

Home Church (if any): _____

Authorization by parent or guardian of child to be picked up from VBS by the following person:
. _____

Authorization by parent or guardian to walk home from VBS: _____

Release by parent(s) or guardian for Olivet staff or volunteers to take pictures of your child participating in our VBS, for possible display at church, on church website, or Olivet Facebook. **YES or NO**

Parent(s) or Guardian Signature(s):
