## "SON TREASURE" VBS! – Free! FUN for the Whole Family! VACATION BIBLE SCHOOL – 2017 @ Central Baptist Church June 9-10, 2017 – Church-wide Covered Dish June 11, noon!

Age 3 through Grade 5 (completed) - FREE!!

Friday, June 9, 5:30-8:30 p.m.; Saturday, June 10, 9:00-Noon Saturday Afternoon Special-FUN & GAMES for Entire Family

## **REGISTRATION:**

Child's Name:		Date of Birth:/	
Age	Grade just completed	/ Female	
Home Address			
Stre	eet & #	City	Zip Code
Parent/Guardian		Fatta awa Niana ay	
Mother's Name:		Father's Name:	
Address (if different from above):		Address (if different from above):	
Cell		Cell	
Phones: Home	Mom's Wk	Dad's Wk	
Email Address (very l	MPORTANT)·		
Who may pick-up or	drop-off? Be sure to LIST AL	<u>L</u> that apply. Attach another sheet if necess	sarv.
Name:		Dr. Lic. #	
Name:		_ Dr. Lic. #	
Emergency Medical I	nformation:		
Doctor's Name:		Phone	
Known Allergies?		Phone Other Medical Info:	
Please note: No r	nedications (prescription or OT	C) can be given by CBC employees or volunt	teers.
I hereby give permission Central Baptist Church's V	ticipate / Release of Liability on for my child acation Bible School. I understand the	to participate in all activities rat all activities rat all activities will be conducted on church property.	related to
the actions of my child and hereby authorize the chur- making every reasonable as she is further authorized t	d assume all risk of injury to my child ch employee or adult chaperone to ob effort to notify us. If the church empl	church sponsored activities I agree to accept responsib should such occur. In the event of illness or accidenta tain medical treatment for my child as deemed necessa oyee or chaperone is unable to contact us for any reason are decisions for our child, and I agree to pay in full and	al injury, I ary, after son, he or
I understand the zero necessary for any reason	tolerance policy related to illegal subs	tances and weapons and agree to pick-up my child if dinderstand this document and release of liability. I agre	
Parent/Guardian Signature Parent Print Full Name:	,	Date:	
	o Voc. No Diagon initial	ally, may be used by Central Baptist Church for illu	ustrative

Return this form to Central Baptist Church, 142 Fairview Ave., Daytona Beach, FL 32114