



VBS REGISTRATION & PERMISSION
August 7th - 11th 2023

Name of Child: _____ Gender: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s): _____

Address: _____ Phone: _____

Email: _____

Does your child have any allergies or medical considerations? (food, medications, etc.) Yes ___ No ___

Please explain: _____

Please Note: THE CHURCH AND ITS WORKERS & VOLUNTEERS ARE NOT RESPONSIBLE AND DO NOT ASSUME ANY RESPONSIBILITY FOR MONITORING AND ENSURING THAT A CHILD TAKES HIS/HER MEDICATION PROPERLY.

Does your child have any physical, emotional, mental and/or behavioral concerns or limitations that our staff and volunteers should be aware of? Yes ___ No ___

Please explain: _____

Permissions:

I give permission for my child, _____, to participate in VBS, as planned and carried out by the staff and volunteers of Brightview Community Church from August 7th to 11th, 2023.

Your child will be cared for as if he/she were our child. Every precaution will be taken for the safety and good health of your child, but in the event of an accident or sickness, Brightview Community Church, its staff, and its volunteers are hereby released from any liability.

Drop Off/Sign In Preference and Permission:

___ I will sign in my child at the beginning of each VBS session

OR

___ I give permission for my child to attend VBS sessions without being signed in

Pick up/Sign out Preference and Permission:

___ I will sign out and pick up my child at the end of each VBS session

OR

___ I give permission for my child to be released at the end of each VBS session without being signed out

Parent/Guardian's Signature _____

Parent/Guardian's Signature _____

Date: _____