



# Vacation Bible School Registration Form

Calvary Chapel of Palm Harbor  
32676 US Hwy 19 North, Palm Harbor, FL 34684  
Phone: 727-786-7969

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Grade **ENTERING Fall 2019** - PK4 K 1 2 3 4 5

Legal Parent/Guardian Names: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

## Permission Slip

**As the legal parent/guardian of the child named above**, I hereby give my permission for this child to participate in all Vacation Bible School activities at Calvary Chapel of Palm Harbor.

Date: 07/15/19 to Date: 07/19/19

I give permission to the leaders of the above VBS to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named church and its leaders blameless for any accidents that might occur during this activity except for clear acts of negligence or non-adherence to church policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

If parent is not there to pick up child, I authorize the following individual(s) to sign my child out from this event:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Parent/Guardian)