

Church of Christ
Temple Lot Local



Vacation Church School Registration Form
July **9-13**, 2018

"We are One in the Spirit,
We are One in the Lord!"

"The spirit itself beareth witness with our spirit, that we are the children of God." Romans 8:16

	Student's Name	Age	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

T-Shirts are available for all registered students. **Please Note:** T-Shirts are **free** to any child who has returned his or her registration form. If the forms are **returned by June 25** they will receive their t-shirts on or before VCS begins. If the form(s) is returned **after** the **June 25** your child will receive a t-shirt during the week of VCS.

Please indicate sizes and number of shirts below:

Child SM _____ Child M _____ Child LG _____ Child LLG _____

Parent's Name: _____

Address: _____

Phone Numbers: Mom _____ Dad _____

Email: _____

Please list any adult other than parent, who will be dropping off/picking up your children from Vacation Church School:

Name: _____ **Relationship:** _____ **Phone :** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Photo Release:

I hereby grant permission to photograph my child and/or to use his/her likeness in photograph(s) /video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Church of Christ Temple Lot, in perpetuity, and for other use by Church of Christ Temple Lot. I will not make monetary or other claim again the Church of Christ Temple Lot for the use of the photograph(s)/video.

Parents Signature: _____

Vacation Church School
July 9-13, 2018

Medical Release Form

This Form Must Be Filled Out and Notarized Before Your Child Can Attend Vacation Church School. T.Y.

Dear Parent,

In the advent of an emergency where medical treatment is required, permission must be given to obtain the services of a licensed physician for your child/children.

I give my permission to Sherry Rowett, Jim Case or Dan Lawrence to obtain the services of a licensed physician for my child/children. I understand that every effort will be made to contact me immediately should such an occasion should arise.

Parent's Signature _____

Notarization:

Subscribed and sworn to me this _____ day of _____ 2018.

Notary Public: _____

County: _____

State of : _____

My Commission Expires: _____

Insurance Information:

Minor's Name(s): _____

Parent's Names(s) _____

Address: _____

Cell Phone: Mom _____ Dad _____

Home Phone: _____

Primary Care Physician: _____

Primary Care Physician's Phone Number: _____

Insurance Carrier: _____

Group #: _____

ID#: _____

Please list any pertinent **medical history** for your child/children or any **allergies** at the current time:

Child: _____

Child: _____

Child: _____

Statement of Willing Compliance

Please review these Guidelines with your child/children:

1. Student will participate in all activities of Vacation Church School.
2. Student will show respect to others. I.e. VCS staff and other students, etc.
3. Student will do as he/she is asked with a responsive attitude.
4. Student will respect the sanctuary in both action and speech.
i.e. walking in the sanctuary and speaking in a quiet tone of voice)
5. Student will leave his/her drinks outside of the sanctuary.
6. Student will be under the supervision of a responsible adult during the week of Vacation Church School.

Student (s) ages 5-12

I understand and agree with the guidelines written above. I will obey them at all times while at Vacation Church School. I also understand that if I am will disobedient, I may be sent home at the discretion of those in authority at Vacation Church School.

1. Student's signature: _____

2. Student's signature: _____

3. Student's signature: _____

4. Student's signature: _____

5. Student's signature: _____

Parent:

I also understand the guidelines above and agree that my child will obey them. I understand that if he/she disobeys any of these guidelines someone in authority will call me to pick my child up from Vacation Church School. As well, those in authority reserve the right to suspend the student from Vacation Church School should the need arise for the remainder of the week at their discretion.

Parent's
Signature: _____