

FBC Woodway Vacation Bible School 2019

June 10-13 // 9:00am – Noon // for children 4 years through entering 7th grade

Please fill out 1 form per child

Child's Name _____

Birthday _____ / _____ / _____ Age _____ [] Boy [] Girl

Parents or Guardians _____

Cell Phone (_____) _____ Secondary Phone (_____) _____

Address _____ City _____ Zip _____

Email for VBS Communications _____

For Preschoolers

- Younger 3s (first woodway members only)
- Older 3s (first woodway members only)
- 4 years old
- Entering Kindergarten (in Fall 2019)

VBS Worker's Children Only

- Babies
- Ones
- Twos
- Younger 3s
- Older 3s

For Grade School Children

Circle the grade your child **will be entering in the fall 2019**

1 2 3 4 5 6 7 School Attended _____

For Special Needs Children

Specific disability, diagnosis or diagnoses _____

Medical concerns _____

Behavioral concerns _____

Buddies are available on a LIMITED basis.

Registration DOES NOT ensure enrollment. A member of our special needs staff will speak to you.

ONE friend **OR** teacher you would like your child to be placed with _____

List food allergies & pertinent medical information _____

Please complete:

- I'm teaching/helping in VBS; class/area: _____
- We are looking for a church home
- We are not active in a church
- We are members of FBC Woodway
- We are active in another church: _____

**COMPLETE
BOTH
SIDES**

Photo/Video Release

Child's Name _____

I hereby give permission to First Baptist Woodway to videotape and /or photograph my child at Vacation Bible School. These videos or photographs may appear in print or video via the FBC Woodway website, and/or the Kingdom Kids Facebook page.

Parent/Guardian Signature _____ Date _____

Medical and Liability Release

Child's Name _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Baptist Woodway through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precaution will be taken at all times by First Baptist Woodway and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Woodway, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Emergency Contact Person - Required (may be parent)

Name _____

Cell Phone (_____) _____ Alternate Phone (_____) _____

Address _____ City _____ Zip _____

Alternate Contact Person

Name _____

Cell Phone (_____) _____ Alternate Phone (_____) _____

**COMPLETE
BOTH
SIDES**