

# Registration Form

(One per child)



## Vacation Bible School – “Meeting Jesus” Circleville Evangelical Presbyterian Church

August 8-12, 2022 9:00 am – 12 noon

For children: Completed Kindergarten-Entering 6<sup>th</sup> Grade  
Preschool: Out of diapers to entering Kindergarten

(Please Print)

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Parent's cell phone: \_\_\_\_\_

Home email address: \_\_\_\_\_

Home church: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK UP: \_\_\_\_\_

AUTHORIZED PERSON PHONE: \_\_\_\_\_



### EMERGENCY INFORMATION



Allergies or other medical conditions: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_

Mail completed form ASAP to:  
Circleville Church \* 890 Goshen Tpke. \* Circleville, NY 10919  
Questions please call the church office: 845-361-2381

(PLEASE FILL OUT REVERSE SIDE)

## MEDICAL RELEASE FORM

MEDICAL & LIABILITY RELEASE In the event of sickness or some medical emergency. I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit for care of my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Circleville Church.

Parent or Guardian Signature \_\_\_\_\_

## PHOTO RELEASE FORM

PHOTO RELEASE I give permission for my child's photo to be taken and used during the week of VBS. This may include: a craft, daily Spotlight, closing program, and/or the church website.

Parent or Guardian Signature \_\_\_\_\_

**The first day, please send each child to VBS  
with a white T-Shirt that fits your child to make a Craft.  
Please do NOT have your child wear this shirt the 1<sup>st</sup> day.**

**CD orders    \$7.00 -----**

**We are looking for parents to help with VBS, we have an infant nursery just for our "Staff".**

**If you are interested and would like to help talk to Mr. Jim or call the church office at 845-361-2381.**

**Mail completed form to:**

**Circleville Church \* 890 Goshen Tpke. \* Circleville, NY 10919**

**Questions please call the church office: 845-361-2381**

**Office hours are 9:00 am – 12:00 pm - Monday thru Friday**