

2018 Word of Life Chapel Vacation Bible School



Parent/Guardian Name _____

Address _____

Phone _____ Alt. phone _____

Email _____

Emergency contact _____ phone _____

Name(s) of those permitted to pick up child(ren): _____

Child(ren)'s name	Grade completed	Birthday	Allergies/special needs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At Word of Life Chapel, we desire to provide a safe and secure environment for all children who participate in our ministries. Please help us by carefully reading and signing below:

"I agree to allow my child/children to attend Bible School at Word of Life Chapel. In signing this form, I agree to assume and accept all risks and hazards inherent in church related social activities. I also agree not to hold this church, its employees, or volunteer leaders liable for damages, losses, or injuries to my child/children. I am signing for the minor(s) registered on this page, and understand that my signature is for both medical and liability release. In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the church leadership to secure proper treatment for my son or daughter as deemed necessary."

_____ WoLC has permission to use photographs of my child(ren) taken while participating in the 2018 VBS program. (Please initial agreement in addition to signature below.)

Signature of parent/guardian: _____ date _____