



VBS Registration Form

4010 Sam Bass Rd., Round Rock, TX 78681

August 1st-5th ~ 5:30-8:00 p.m.

Registration deadline: July 23rd

\$5 per child

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Last grade completed: _____

Name of Parent(s)/Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

Home email address: _____

In case of emergency, contact: _____

Relationship to child: _____



Allergies or other medical conditions: _____

Authorization for Emergency Medical Treatment & Picture release

In the event we cannot be reached to make arrangements for emergency medical treatment, I/we hereby authorize the director or the designated staff person in charge of the Round Rock Presbyterian Church Vacation Bible School to take our child to his/her doctor or the closest hospital:

Doctor's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Name _____ Group # _____

I/we hereby give consent for all necessary emergency medical treatment to be administered by a licensed physician.

I do/ do not (circle one) give permission for my child(ren)'s picture/ likeness to be used for publicity on the church's website and/ or bulletin boards.

Signed: _____ Date: _____