

# Champion's Choice for Early Learning

## VACATION BIBLE SCHOOL REGISTRATION

(One form per child, please)

\* Student First Name: \_\_\_\_\_

\* Student Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: Male Female

Allergies: \_\_\_\_\_

Medical Issues or Special Needs: \_\_\_\_\_

\* Parent Name (first and last): \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

\* Email: \_\_\_\_\_

\* Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_

Emergency Contact (first and last name): \_\_\_\_\_

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

Alternate Pickup (first and last name): \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

General Information and/or special instructions: \_\_\_\_\_

\_\_\_\_\_

Medical Release: I give my permission for the VBS staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the Champion's Choice for Early Learning permission to use photographs/videos taken at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Permission to Attend: I give permission for my child (named above) to attend the Vacation Bible School (VBS) listed above. I understand that the information I give for this registration will only be used by Champion's Choice for Early Learning.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date