

Vacation Bible School Day Camp

Child's First & Last Name	M or F	Age	Grade leaving	Allergies/ Medical needs	Days NOT able to attend	Shirt Size

Parent/Guardian First & Last Name _____
 Address _____ City _____ Zip _____
 Contact phone #1 _____ #2 _____
 Parent/Guardian E-mail _____

Child Care Provider or Emergency Contact:
 Name _____ Phone _____
 Relationship to child _____

Child's Home Church _____
 How did you hear about VBS Day Camp? _____

Photo Release:

I (We) understand that as a participant in Sunny Hills Church of Christ's Vacation Bible School Day Camp, my child(ren) may be photographed or videotaped during VBS events. I also understand that these may be used in presentation and promotional materials. I release Sunny Hills Church of Christ from any and all liability.

Check here if you do **NOT** want your child(ren) to be photographed or videotaped during VBS.

A separate consent/release form and authorization for medical treatment must also be completed.

Parent/Guardian Signature _____

Is your child interested in participating in our summer production of Willy Wonka Jr?