

Registration for Vacation Bible School, June 21-25th, aged 4-5th grade.

Name _____ 2009-2010 Grade _____ Age _____ Birthdate _____

Parent(s) Name(s) _____

Address _____ City _____

Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Home Church (if not SPUMC) _____

Allergies _____ Medical Conditions _____

Medications _____ Family Physician _____

Physician's Phone _____

Emergency Contact _____ Relationship _____

Emergency Contact's Phone _____

List of persons authorized to pick up this child from VBS: _____

Would you like to volunteer? _____

In the case of an emergency, we will make every effort to reach you or the emergency contact. If necessary, your child will be transported to FirstHealth of the Carolinas—Moore Regional Hospital, 155 Memorial Drive, Pinehurst, NC 28374 or the nearest medical facility. We will continue to attempt to reach you. By signing the registration, you signify that the information above is correct and you give permission for the staff of VBS to transport your child in an emergency situation.

Signature _____