

First Presbyterian Church
1122 Diagonal Street
Clarkston, Washington
“SonSpark Labs” Vacation Bible School
June 20-24, 2016 – 9 a.m. to 11:45 a.m.
FOR CHILDREN WHO TURN FIVE BEFORE SEPTEMBER 1, 2016
UP THRU COMPLETED 5TH GRADE

Name: _____ Male Female

Address: _____

Zip: _____ Phone #: _____ Age: _____ Birth Date: (Month) ____ (Day) __ (Year) _____

School Grade COMPLETED _____ Church Home: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Who can pick up this student? _____ Relationship: _____

_____ Relationship: _____

Brothers and Sisters: _____ Age: _____

_____ Age: _____

During VBS I can be reached at: _____ Phone: _____

DOES CHILD HAVE: (YES/NO) If yes, explain.

Diabetes _____

Allergies (Name) _____

Asthma _____

Does child have any other medical condition or other concerns that the staff should know?

I give my permission for my child's picture (no names) to be on the website of the First Presbyterian Church

Yes No

How did you hear about our VBS program? _____

(Lewiston Tribune, Website, Facebook, Friend, or Other?)

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter, above named child, to participate in Vacation Bible School at First Presbyterian Church from June 20-24 and consent and agree to hold harmless First Presbyterian Church, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation in this program.

In case of emergency, I give my authorization to provide whatever emergency care is necessary for my child's safety, and assume primary responsibility for payment.

Date: _____ Signature: _____