

VACATION BIBLE SCHOOL 2019
LEE CHURCH CONGREGATIONAL
YOUTH ACTIVITY REGISTRATION

The Lee Church is committed to the nurture and safety of our children and has developed a Child Safety Policy that is available upon request. Every child who participates in any activities in the Lee Church (Sunday School, Bell Choir, Youth Group, Vacation Bible School, etc.) must have this form on file.

Child's Name: _____ Age: _____ Grade: _____

Street Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Date of Birth: _____ Physician's Name/Telephone #: _____

Mother's Name: _____ Father's Name: _____

Child's medical conditions or special needs the Church needs to be aware of:

(allergies, asthma, diabetes, drug sensitivities, behavior issues, etc.)

Are Immunizations current? (circle one) YES NO

MEDIA RELEASE: Any photos may _____ may not _____ be shared with the local / church newspaper

Emergency Contact Names: (1) _____ Phone: _____
(Please list two)

(2) _____ Phone: _____

Individuals who will be picking up my child after Vacation Bible School:

(Children in second grade or younger must be picked up at their activity, unless we receive a note that specifies an alternative.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that the above information will be used to enable the Lee Church to provide a safe and warm environment for my child during youth activities. In case of accident or serious illness, I request the Church to contact me. If the Church is unable to reach me, I hereby authorize the Church to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Church may make whatever arrangements seem necessary.

Parent/Guardian's Signature

Date: _____