

**VACATION BIBLE SCHOOL 202\_\_**  
**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: \_\_\_\_\_