



Vacation Bible School 2018

CHILD'S INFORMATION (Make copies of form as needed for each participant; If you have registered for Journey Summer Camp for Week 2, you do not need to fill out this form)

June 25th - 29th MONDAY -FRIDAY, 9 A.M. - NOON;
AGES 3(potty trained, no pull ups) - entering 6th grade in fall!

Last Name _____ First name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender _____ Grade in Fall _____ T-Shirt Size _____

PARENT OR GUARDIAN INFORMATION

Name(s) _____

Address _____

Contact Phone _____

DISMISSAL INFORMATION (Your child will only be released to a parent or those listed below)

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

EMERGENCY INFORMATION

Physician's Name & Phone _____

Insurance Company _____ Policy / Grp# _____

List Any Allergies _____

Does your child have a reaction to bee stings _____ Yes _____ No _____ Unknown

Current Medications _____

In case of an accident or serious illness, I request Faith Journey Church (FJC) to contact me. If the church is unable to reach me, I hereby authorize FJC to contact the physician listed above and to follow his/her instructions. If the physician cannot be contacted FJC may take the necessary steps to ensure proper safety for the child listed above. In the event of a medical emergency, your child will be transported to the nearest medical facility via ambulance at your expense. Parent/Guardian, by signing below you are acknowledging that you have read and completed the necessary information, and that the medical release and people authorized to pick up my child information is correct.

Parent Signature/DATE: _____