

First Baptist Church Vacation Bible School Registration Form

402 11th Ave SE, Roseau, MN 56751

Church Office 218-463-2513

Date Complete: ____/____/____

Child's Name _____

Address _____
Street/Apt. # _____ City _____ Zip Code _____

Phone # _____ Male _____ Female _____ Age _____ Birthdate ____/____/____

Grade in school (circle one) ** K 1st 2nd 3rd 4th 5th 6th

**** NOTE: Circle grade child will enter in the fall (Sept. 2010)**

Church that you regularly attend and/or are a member of:

First Baptist Church Other - _____ None

Guardian/Mother's Name: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Guardian/Father's Name: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

Parent(s) or Guardian(s) that child lives with: _____

Photographs are sometimes taken of children's ministry activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, church website, brochures, and newsletters. Children's names or information are never used without specific permission. By signing this area, you are releasing First Baptist Church to use photographs of your child as stated above.

Signature of Parent/Guardian _____ Date ____/____/____

Health History (Please check as appropriate)

Medical Condition(s):

____ ADD/ADHD ____ Asthma ____ Diabetes ____ Seizures
____ Downs Syndrome ____ Tourettes Syndrome ____ Bleeding Disorders

Allergies: ____ Insect Stings ____ Food (Please specify) _____

Other information we need to know: _____

Date of child's last tetanus shot ____/____/____ Name of Physician _____

Insurance Co (covering child) _____ Policy # _____

When parents cannot be reached, list at least one person who may be contacted in case of an emergency:

1. Name _____ Telephone (H) _____ (C) _____

2. Name _____ Telephone (H) _____ (C) _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **LifeCare Medical Center Emergency Room**. Your signature **authorizes** a responsible person from First Baptist Church, Roseau, MN, to have your child transported to that hospital and **receive treatment**.

Signature of Parent/Guardian _____ Date ____/____/____