



**Children Registration Form For  
Vacation Bible School at First Christian Church**  
*Please fill out all items*  
**July 16th-20th 9:00am to 12:00 noon**  
**Open to children 3 years old\* to just completed 5th grade**  
*\*potty-trained*

**Child Registration Information** *NOTE: We must receive a registration form for each participant.*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Church (optional): \_\_\_\_\_ City where located: \_\_\_\_\_

**Parent/Guardian Permission**

As custodial parent/guardian, I give my consent for \_\_\_\_\_  
to attend and fully participate in the Bible Adventure at First Christian Church, Chico, July 16th-20th, 2018.

Photos of my child taken during this event may NOT be used for future publicity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Who else has parental/guardian permission to drop off or pick up your child?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Please pick up your child on time; we dismiss at noon.**

**Registration**

***Please drop off to church office, or mail to First Christian Church Chico:***

**First Christian Church, Chico  
295 East Washington Ave.  
Chico, CA 95926-3936**

**For registration questions, contact:**

**First Christian Church, Chico  
295 East Washington Ave.  
Chico, CA 95926-3936  
(530) 343-3727  
chicodisciples@gmail.com**

*Please turn over to complete page 2*

**Medical Information**

My child \_\_\_\_\_ has the following allergies.

Latex: Yes / No ? (Please circle one)

Bees: Yes/ No ? (Please circle one)

Food: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical Release** NOTE: Must be signed by custodial parent or legal guardian

My child \_\_\_\_\_ is in good health. I will notify the event director if my child is exposed to any communicable disease during the two weeks prior to attending the event.

In case of medical emergency, I give my permission for the leaders of First Christian Church VBS to secure treatment for, hospitalize and order injection, anesthesia or surgery for my child.

\_\_\_\_\_  
Custodial Parent/Guardian Signature                      Date                      Printed Name

Phone Numbers: \_\_\_\_\_  
(Where you can be reached July 16th-20th, 2018)    Home                      Work                      Other

Other emergency contact: \_\_\_\_\_  
(In case we can't reach you)                      Name                      Relationship                      Phone number