



96362 Blackrock Road Yulee Florida, 32097 (904) 261-6220 telephone (904) 261-5192 fax

Vacation Bible School (VBS) Registration Form

VBS is a specialized form of Christian education which focuses on children. At Blackrock it consist of a week-long program of learning the bible with Bible stories, song, arts and crafts, or skits which cater toward school-aged children. VBS is planned for children ages 3 through sixth grade. Three-year-olds **must** be three by December 1, 2009.

Child's Name: _____ Sex M/F _____
 Birth Date: _____ Last school grade completed _____
 Parent/Guardian's Name: _____
 Street Address: _____
 Mailing Address: _____
 City, State, Zip: _____
 Home Telephone: _____ Work Telephone: _____
 Cell Telephone: _____
 E-Mail Address: _____

Who may pick up your child at the end of each VBS day?

If you are visiting our church, who are you a guest of?

Does the child have allergies or other conditions we should be aware of? If yes, explain:

Is there any other health related info we should know about or activity restrictions?

Will your child need to take a medication while at VBS? If yes, please provide details:

Nursery care, if needed, is provided **only** on the day the parent is volunteering for VBS.
 Child's name: _____
 Age: _____
 Nursery Day(s): _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ I, the undersigned, hereby give permission for my son/daughter to participate in Vacation Bible School events & activities. I authorize any adult representative of Blackrock Baptist Church who is acting in a leadership role to consent to & authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that the above named participant should be admitted to the hospital, or be in need of any medical treatment. I take full responsibility for all charges & fees related to treatment. I understand that the care & safety of the participant will be primary in all planned activity and that all attempts will be made to contact parents/guardians prior to treatment if an emergency or accident should happen.

_____ I give permission to Blackrock Baptist Church to photograph my child at Vacation Bible School. I give permission to copyright, use, and publish the photographs for any lawful purpose, including newspaper articles, church publications, and the church website.

_____ I am willing to help with VBS on: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

I have read and understand the above:

In Case Of Emergency Contact Name: _____
Relationship to Child: _____
Telephone: _____
Parent/Guardian's Signature: _____
Please Print Name: _____
Date: _____

For more information contact Marian O'Neal at (904) 277-2433. Please return registration form and medical release form to the church office. To obtain a medical release please pick one up at the church office. Registration Deadline is July 1st!