



# Vacation Bible School

## “SeaQuest: Diving for God’s Treasure”



**July 26 – 30th, 9:00 – 11:30 AM**

**Fellowship Baptist Church**

**5936 Rolling Road, Springfield, VA 22152/703-569-5151**

**fellowship@honoringGod.org/www.honoringGod.org**

**DROP OFF COMPLETED FORM or MAIL IT IN.**

### Registration Form (please print):

Parents/Guardians Names:	
Address:	
City	ZipCode
Home Phone Number:	Cell Phone Number:
Work Phone Number:	
Emergency Contact Name and Phone Number:	
Name of Church you attend:	Are you a member?
Would you like more information about Fellowship Baptist Church?	

<b>1. Child’s Name:</b>
Date of Birth (month/day/year):
Last grade completed:
Allergies or other special concerns:

<b>2. Child’s Name:</b>
Date of Birth (month/day/year):
Last grade completed:
Allergies or other special concerns:

<b>3. Child’s Name:</b>
Date of Birth (month/day/year):
Last grade completed:
Allergies or other special concerns:

To Whom it May Concern:

The undersigned does hereby give permission for our(my) child(ren) \_\_\_\_\_ to attend Vacation Bible School at Fellowship Baptist Church from July 26-30, 2010. In the event that we (I) cannot be reached, we (I) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in conjunction with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization. The undersigned does also hereby give permission for my/our child(ren) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending or participating in Vacation Bible School.

Medical Insurance Company and Policy Number: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_