



VBS Summer Camp 2017

July 17-21 | 9:00 a.m. – 12:00 p.m.

Registration Form

Each student must have a registration form completed in order to attend

Child's Name (Last) _____ (First) _____

Name of Parent(s) or Legal Guardian _____

Student's Birth Date _____ Age _____ Grade _____

Street Address _____

Town _____ Zip Code _____

Cell Phone _____ Work/Home Phone _____

E-Mail (PRINT) _____

Emergency Contact _____ Relationship _____

Medical and Insurance Information

Physician Name: _____ Phone: _____

Health Insurance: _____ Policy #: _____

Allergies/Health Issues: _____

During VBS, I permit my child to be picked up by _____

I permit my child's name and food allergies to be posted for VBS staff members to see. Yes___ No___ NA___

I permit VBS staff to administer bug repellent and or sunscreen to my child during outdoor activities in the event that either becomes necessary. Yes___ No___

Pictures of my child may be used in future VBS promotional material. Yes ___ No___

My Child has permission to attend and participate in Galactic Starveyors VBS Summer Camp at the Rockport Baptist Church.

Signature of Parent or Legal Guardian

_____ Date _____

This registration may be mailed to the Rockport Baptist Church, 4 High Street, Rockport, MA 01966