

Application for Vacation Bible School

Mother's name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade entering: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade entering: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade entering: \_\_\_\_\_

In Emergency call: \_\_\_\_\_

(name other than parents)

Phone: \_\_\_\_\_

Are there any conditions to limit participation?

If so, explain: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Home Church: \_\_\_\_\_ Member? Yes\_\_ No\_\_

Return to:

Peace UCC

9123 Aboite Center Road

Fort Wayne, Indiana 46804

(260) 432-8290

**Spaces are limited.**

**Registration deadline:**

**Monday, June 11, 2018**

**Email Nicole Shaw with any questions you may have!**

**nicoleleighshaw@gmail.com**



(for office use only)

Date registration fee paid \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Medical Release Form  
Babylon: Daniel's Courage in Captivity  
Vacation Bible School  
June 18–22, 2018

I (we), the undersigned parent(s) of

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

a minor, do hereby authorize adult volunteers of Peace United Church of Christ as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Peace United Church of Christ, any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date Signed \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

# Peace UCC 2018 VBS



**Where:** Peace United Church of Christ  
9123 Aboite Center Road  
Fort Wayne, IN 46804  
(260) 432-8290

**When:** June 18–22, 2018, M–F,  
6:00 pm–8:00 pm

**Who:** Children age 4 by June 1, 2018  
through grade 5

**Cost:** \$25.00 per child. Space is limited.

**Registration deadline**  
**Monday, June 11, 2018**