

VACATION BIBLE SCHOOL 2009
LEE CHURCH CONGREGATIONAL
YOUTH ACTIVITY REGISTRATION

The Lee Church is committed to the nurture and safety of our children and has developed a Child Safety Policy that is available upon request. Every child who participates in any activities in the Lee Church (Sunday School, Ring & Sing, Bell Choir, Youth Group, Vacation Bible School, etc.) must have this form on file.

Child's Name: _____ Age: _____ Grade: _____

Street Address: _____ Phone: _____

City: _____ Zip: _____ Email: _____

Date of Birth: _____ Physician's Name/Telephone #: _____

Mother's Name: _____ Father's Name: _____

Child's medical conditions or special needs the Church needs to be aware of:

(allergies, asthma, diabetes, drug sensitivities, behavior issues, etc.)

Are Immunizations current? (circle one) YES NO

Emergency Contact Names: (1) _____ Phone: _____
(Please list two)

(2) _____ Phone: _____

Individuals who will be picking up my child after Vacation Bible School:

(Children in second grade or younger must be picked up at their activity, unless we receive a note that specifies an alternative.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that the above information will be used to enable the Lee Church to provide a safe and warm environment for my child during youth activities. In case of accident or serious illness, I request the Church to contact me. If the Church is unable to reach me, I hereby authorize the Church to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Church may make whatever arrangements seem necessary.

Parent/Guardian's Signature Date: _____