



Group _____
Crew # _____

NUTE RIDGE BIBLE CHAPEL VBS REGISTRATION FORM

August 5th - 9th, 2019
9:00 am -12:00 noon

Child's Name: _____ Birthdate _____ Age _____

Parent's or Guardian's Name: _____

Mailing Address: _____

Physical Address: _____

(If different from above)

Home Phone # _____ Cell/Work # _____

E-Mail Address: _____

Please provide two emergency contacts:

Contact person: _____ Phone # _____

Contact person: _____ Phone # _____

Name of person picking child up _____

If anyone other than the above named person comes for this child, the child will not be allowed to go. This is for their safety. If you know that someone else will be picking them up, please let us know that morning.

Allergies or medical concerns _____

Child's Doctor _____ Phone # _____

In case of any emergency, we need your permission to treat this child in a way that we feel is best for the child. Please sign below to grant us permission. If you have any questions before signing, please speak to Claudine Burnham at 603-401-0754. Return this form to her when completed.

Signature: _____

Throughout the week we take pictures to put into a slide show to be shown at Nute Ridge Bible Chapel only. Do we have permission to take pictures of your child? YES _____ NO _____