



July 23-27 (Mon-Fri) / 6:00 - 8:30pm

Child's Information:

- First Name: _____
- Last Name: _____ Birthdate: ____/____/____
- Address: _____
- City: _____ ● State: _____ ● Zip: _____

Circle Elementary Grade Completed: K 1 2 3 4 5 6

(children will be placed in grade just completed)

Child's Medical and Special Needs Information

Please tell us about any specific dietary needs, food allergies, other allergies, conditions, medications or other special needs: _____

Parent/Guardian's Information:

- First Name: _____ Last Name: _____
 - Relationship to Child: _____
 - Phone Number: (____) _____ - _____
 - Email: _____
- I agree to receive email communication from First Baptist Church Helena

Emergency Contact Information:

- First Name: _____ Last Name: _____
- Relationship to Child: _____
- Phone Number: (____) _____ - _____

Notice: If a child has a medical emergency and the parent/guardian or emergency contact cannot be reached, the child will be sent to a hospital. **Please list your preferred hospital:**

Medical Insurance Carrier: _____

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My child is a member of or regularly attends:

First Baptist Church Helena

Other Church: _____

My child does not currently attend a specific church

Family Night There will be a family night event on Friday evening, July 27th at 6:00pm

- children will perform in the church sanctuary
- parents will visit their children's VBS classrooms and get their projects/artwork
- food/drinks will be served afterwards

____ **Yes**, my family will be attending the family night event on July 27th at 6:00pm

Number of Adults _____ Number of Children _____

____ **No**, my child will not be performing and my family will not be able to attend the family night event on July 27th

Medical Waiver: I give my permission for my child to participate in the First Baptist Church Helena Vacation Bible School Program. In the event of a medical emergency, I authorize the volunteer staff to make emergency medical decisions for my child if I or the emergency contact cannot be reached. I understand that First Baptist Church Helena, its staff and volunteers are not liable for actions taken during a medical emergency.

Parent/Guardian Name: (print) _____

(Signature) _____ Date: ____/____/2018

Photo Waiver: I understand that photos and/or video may be taken of activities or events during Vacation Bible School at First Baptist Church Helena and may be presented in various forms of media by the church. These include, but are not limited to: photos, videos, slide presentations, newsletters, bulletins, inserts, brochures, handbooks, programs, social media pages and church website pages. I hereby remise, release and forever discharge First Baptist Church Helena from any liability for any injury or action against the minor named on this form resulting from the use of such photos, video or other image in any medium utilized. This release includes that First Baptist Church Helena will not be responsible for other users' production, display, distribution, or modification of the minor's images in any manner, nor will First Baptist Church Helena be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of First Baptist Church Helena images by third parties. Images of a minor child published on First Baptist Church Helena's internet website or social media accounts will not be identified by name.

Parent/Guardian Name: (print) _____

(Signature) _____ Date: ____/____/2018