		child)		
Child's Name		G	ender:	
Date of birth mm/d	Age	Grade (going into in Sep	otember)	
Parent/Guardian Name:	☐ Mother	☐ Father ☐ Legal Guard	ian	
Address	(Street address)	(Town)	(Postal Code)	
Email Address:				
Contact Phone #:		Alternate Phone #		
Emergency Contact (other	than custodial parent)			
Name	me Phone			
Dismissal Information:				
Other Person(s), other than	n custodial parent or legal guar	dian, who may pick up this child	from VBS:	
Person #1:		Person #1 Phone:		
Person #2:		Person #2 Phone:		
Special Needs/Allergies/Medical Information:				

We at Palmerston EMC will do our best to accommodate all dietary needs but cannot guarantee that all requests will be met. Feel free to bring a snack for your child (clearly marked as to who it is for).

Permissions			
I give permission for my child, named above, to attend the Vacation Bible School program at Palmerston Evangelical Missionary Church (PEMC) on July 8-July 12, 2024 from 9:00am-11:45pm. I also grant PEMC permission to use photographs of my child, taken during VBS, in the manner(s) indicated below. I under- stand that no royalty, fee, or other compensation shall become payable to me by reason of such use.			
Onscreen during the VBS program and/or other in-church presentations.YES \square NO \square			
Newspaper publications, brochures and/or displays (e.g., fall fair). YES 🔲 NO 🗆			
Posted on the church's website and/or its social media pages.YES 🔲 NO 🗆			
Date S	ignature		
(mm/dd/yyyy)	(Parent or Guardian)		