

*JBMHH Memorial Chapel
 Ecumenical Vacation Bible School
 June 20-24, 2022
 Theme: TREASURED
 9:30am-12noon*

Please register:

- children who have completed kindergarten thru 5th grade
- **Please fill out and return one registration form for each child.** Registrations are accepted on a first-come, first-served basis until slots are filled. Please complete both sides of form and scan by June 15, 2022 and send to chrisjones2173@gmail.com

Child's Full Name: _____
Date of Birth: _____ Male: _____ Female: _____ School Grade Completed by June 2022: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mother's Name: _____ Email Address: _____
Primary Phone Number: _____ Cell Phone Number: _____
Father's Name: _____ Email Address: _____
Primary Phone Number: _____ Cell Phone Number: _____
Names of all persons authorized to pick your child up from VBS: _____ _____
<input type="checkbox"/> Please check here if Parent/Guardian or Family Teen Helper is a VBS volunteer. Name of Volunteer(s): _____

Office use only:

Date received: _____ **Time:** _____ **Initials:** _____

VBS Medical Information, Photo/Video release, and Injury Release

Child's Name: _____

Parent/Guardian Name(s): _____

Medical Information:
Known Medical Conditions: _____

Known Allergies: _____

Medications currently in use: _____

Other medical concerns: _____

Please read and sign below: _____

Notifications:

1. Memorial Chapel Vacation Bible School will notify the parent/guardian or alternate contact whenever this child becomes ill. The parent/guardian or alternate contact will agree to pick up the child as soon as possible after notification.
2. Parent/Guardian agrees to inform Memorial Chapel Vacation Bible School within 24 hours (or the next business day) if child or any member of the household has developed a reportable communicable disease (e.g. strep throat, chicken pox, head lice, pink eye, etc.).

Consent:

I, the undersigned parent/legal guardian of the above named child, do hereby authorize Memorial Chapel Vacation Bible School to provide or arrange for the provision of first aid or emergency treatment to my child in the event of any accident, injury, or illness, and give permission for additional medical attention should the need arise. I further consent to the treatment of minor injuries and illness, or treatment in the case of a medical emergency by any member of the medical staff and licensed emergency room staff of any licensed general hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment and is given to provide authority and power to render care to which the aforementioned medical provider(s) in the exercise of their best judgment may deem advisable. Efforts should be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached. This authorization remains in effect from Monday, June 20 -24, 2022.

Photo and Video Release:

During the 2022 Memorial Chapel Vacation Bible School, volunteers will take photographs of the children which may, or may not, be used for VBS art projects, classroom décor, and/or church publicity. I hereby give permission for my child to be photographed and/or video-taped during VBS hours, and for those photos/videos to be used as described above.

Injury release:

In consideration of my child's participation in the Memorial Chapel Vacation Bible School program, I hereby release to the fullest extent allowable by law, Memorial Chapel Vacation Bible School, its volunteers, ("releases") from liability for any accident or injury to my child so long as such injury is not the result of the gross negligence or willful actions/omissions of the releases.

We could use your help with vacation Bible School. Please check here if you would like to volunteer and we will contact you _____.

I certify that I have read and agreed to the above and that I am the parent or legal guardian of the child named above.

Signature of Parent/Guardian

Date