



A small snack will be provided.

### VBS Registration Form

Min age 4

**June 3rd-7th**

**Check in/ Start 5:00pm**

**Check out 7:00pm**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Last school grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attending	Mon	Tues	Wed	Thur	Fri

Parent/ Guardian(s) name \_\_\_\_\_ Phone \_\_\_\_\_

In Case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Special Concerns \_\_\_\_\_

Permission: I give my permission to the staff of Oregon Trail Church of God to seek medical attention for my child if necessary while participating in Vacation Bible School. I understand that all necessary precautions will be taken for my child's Safety. I will not hold OTC of God, its staff or those supervising liable.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_