



VBS Registration Form

July 9—13, 2018

Ages 4 years old - Grade 6 (completed)

Please complete a **separate registration form for each child**.
You may snail-mail or e-mail it to the church office (addresses below).

LAST Name _____ **FIRST** Name _____ Male Female

Date of Birth _____ Age _____ Grade Completed _____

Parents' LAST Name _____ FIRST Name(s) _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____

Home Church (if any) _____

How did you hear about Harvest's VBS? (friend, The Advertiser, Harvest website, received a flyer, other)

Allergies/Dietary Restrictions _____

Medications _____

Emergency Contact: Name _____ Phone _____

Doctor's Name & Phone _____

For you child's security, please give us a password so when you come to pick up your child each day, we release him/her to the correct person.

Password _____

MEDICAL RELEASE: I understand that I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the call of a doctor and providing of necessary medical services in the event my child is injured or becomes ill. I understand that Harvest Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes that would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I release Harvest Presbyterian Church, its staff and officers from any and all liability for injury resulting from my child's participation in this activity.

I, being parent or legal guardian of the child named above, do consent to the participation of my child in the activities of Harvest Presbyterian Church's VBS.

Parent/Guardian Name _____ Date _____

Signature _____

HARVEST PRESBYTERIAN CHURCH

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