

Registration Form



Child's Name _____ Parent/Guardian Name _____

Address _____
(street address, city, state, and zip code)

Phone Numbers _____
Home Work Cell

Email _____ Child's birth date _____ Last grade completed _____

Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contact (other than listed above) Name & Phone numbers

Who may pick up your child at the end of each VBS day? _____

Does your child attend Sunday School? If so where? _____

If your child is visiting our church, who is he a guest of? _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for the purpose of promotion? Yes No

T-Shirt size YOUTH XS S M L XL ADULT S M L

MEDICAL RELEASE: In case of emergency, I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the Pilgrim Armenian Congregational Church the permission to act in my behalf to seek emergency medical treatment for my child in the event treatment should be needed. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary; and I hereby absolve Pilgrim Armenian Congregational Church, it's agents and employees from any and all liability resulting from their conformance with these instructions.

Signature _____ Date _____