



2017 VBS Registration Form

(Entering Grades K – 8)

July 31st – August 4th, 9am–12:35pm

Closing Program & Celebration: August 4th, 6:30-8:30pm

925-228-4346 x10

Cost: \$35 (2nd \$25, 3rd \$15, 4th free)

Payable to: Morello Hills Christian Church, 1000 Morello Hills Drive, Martinez, CA 94553

(Some full/partial scholarships available; contact the church office if needed.)



T-SHIRT DEADLINE: To ensure your child/ren receive a free t-shirt, your registration and fee must be turned in to Angie Campbell (Church Administrator) by July 9th! To keep costs low, extras are not ordered.

Parent/s Name/s:

Address: City State Zip

Email Address:

Best Phone: Home Cell Work Alternate Phone: Home Cell Work

Home Church: Authorized Pick-up Person:

Student's Name/s	Child or		Age	(MM/DD/YY) Birth Date	Name of one same-grade friend planning to attend:
	2017-18 Grade	Adult Male/ T Size Female			
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Release

In the event that I cannot be reached, as the parent or legal guardian of the above listed minor student(s), I hereby give my permission to the licensed physician, hospital, or medical service selected by the volunteers, agents and/or staff of Morello Hills Christian Church and their Vacation Bible School program to arrange for any emergency dental or medical care needed to preserve the life, limb or well-being of my dependent(s), and I understand that any financial expenses as a result, are my responsibility. Furthermore, I hereby release and agree to hold blameless Morello Hills Christian Church and its volunteers, agents, and/or staff, from all liability for personal injury or property damage suffered during the Vacation Bible School program.

Parent/Guardian Printed Name Parent/Guardian Signature Date:

Medical Insurance Provider: Primary Care Physician & Phone:

Policy number, medical issues, medications, special needs, and/or **ANY** allergies for student/s listed above:

-
-
-
-

Emergency Contact (if parent/s cannot be reached):

Name: Phone: Relation to child/ren