



"HERO HEADQUARTERS" ADVENTURE WEEK VBS REGISTRATION FORM

AUGUST 9-13, 2010
FIRST BAPTIST CHURCH OF GREATER CLEVELAND

Child's Name _____ Age _____ Gender _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Emergency phone (9-noon) _____

Email: _____

Grade child has just completed: Pre-K K 1 2 3 4

Please list any food allergies or health/behavioral concerns _____

Authorized Pick-up List

(Please list those persons who are authorized to pick up your child on any given day that you are unable to)

Name	Relationship	Phone
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_____	_____	_____
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_____	_____	_____
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Emergency Medical Treatment & Photography Authorization

I give First Baptist Church, and those acting as its agents, permission to authorize medical or dental treatment for my child, including transportation to a hospital, in the event of an emergency. I further give my permission for photographs or video images of my child to be taken for future promotional purposes as they participate in VBS activities.

Parent/Guardian signature _____ Date _____

Office: \$10 paid: _____