



"PANDAMANIA" ADVENTURE WEEK VBS REGISTRATION FORM

9-NOON, AUGUST 15-19, 2011
FIRST BAPTIST CHURCH OF GREATER CLEVELAND

Child's Name _____ Age _____ Gender _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Phone _____ Emergency phone (9-noon) _____

Email: _____

Last school grade completed: K 1 2 3 4
(Pre-Kindergarten children must register in person, as available space is quite limited)

Please list any food allergies or health/behavioral concerns _____

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: \$15 paid: _____