



MT. OLIVE BRETHREN CHURCH VBS REGISTRATION

We are so excited to have your child(ren) join us for Vacation Bible School! It's going to be a great week for all. To register your child(ren) please fill out this form; be sure to print all of the information. Visit our website (mtolivebrethren.org, click on members page) to submit the form electronically or return it to Mt. Olive Brethren Church. If you have any questions about the form or VBS, contact Jan Alexander at (540)421-5118 or fixthesick@yahoo.com.

Name _____ DOB _____ Age _____ Grade Completed _____ M ___ F ___
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(For the Pre-K Class, a child must be 3 yrs old by the 1st day of VBS)

Address _____
 City _____ State _____ Zip Code _____
 Parent/Guardian(s) Name _____
 Home Phone _____ Cell: Mother _____ Father _____
 Parent/Guardian Email Address _____
 Emergency Contact _____ Phone _____

ALLERGIES/MEDICAL NEEDS _____

IN CASE OF AN EMERGENCY, and I cannot be contacted, I give permission for my child to receive medical treatment if warranted. By signing this, I am saying I will not hold anyone liable for any injuries or disabilities that may occur on/off Mt. Olive's campus this week.

Parent signature _____ Date _____

T-SHIRT SIZES CHILD X SM _____ SM _____ MED _____ ADULT SM _____ MED _____ LG _____ X LG _____
(T-shirts/sizes are not guaranteed)

PHOTO RELEASE:
 I hereby give ___/___ do not give Mt. Olive permission to use my child's photo in DVD's or promotional ads.
 Parent signature _____ Date _____

7th & 8th GRADES ONLY!
 I give permission for _____ to attend off site mission trips this week during VBS. Initial: _____

Thank you for sending your child(ren) to Mt. Olive VBS!
 Blessings,
 Jan Alexander, VBS Director

_____ **Number attending VBS Closing Celebration/Meal on Friday, June 16, 2017**

Please feel free to make copies of this registration form to share with family or friends!