

VBS Registration

Student's name _____ Boy Girl

email address _____

Home address _____

City _____ Zip _____ Phone _____

Home church _____

Invited by _____ Grade _____

Entering Grade:

1st 2nd 3rd 4th 5th 6th Age as of July 1 _____

Will your child be using CCS Day Camp Extended Care?

No Yes (check days: M T W Th F)

T-Shirt Size: Cost is \$10 per shirt; please make checks payable to FCC

child small (6-8) child medium (10-12) child large (14-16)

adult small adult medium adult large adult extra large

Emergency Information

Emergency contact _____ Phone _____

Child's legal guardian _____

Relationship to child _____ Phone _____

Others authorized to pick up your child _____

Please list any of the following and explain:

Allergies to medication, food or insect bites? None _____

Medication child is currently taking (and medication's location)? None _____

Any **health restrictions**? None _____

Physician's name _____ Phone _____

In a medical emergency, when a parent or guardian cannot be reached immediately, FCC may choose a health care facility. I understand that FCC is not responsible for my child's medical charges. Yes No

Signature of Parent/Guardian

_____ Date _____

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