



**Christ's Episcopal Church
VBS Twilight Camp
Child Registration Form
Wednesday Evenings in July
6th, 13th, 20th & 27**

**6:00 pm – 8:00 pm, Ages 4–12 years
Registration fee: * \$20.00/ child,
Family of 3 or more children \$50.00
total.**

Child's Name *(One Form Per Child)*: _____

Date of Birth: _____ **Age:** _____ **Grade Entering:** _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Secondary Phone #: _____ **Email Address:** _____

Emergency Contact Name: _____ **Phone #:** _____

How did you hear about VBS: _____ **Home Church:** _____

Allergies or Medical Concerns: _____

**EMERGENCY INFORMATION AND MEDICAL
AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached.*

In the event reasonable attempts to contact me at (phone #) _____ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. _____ at phone # _____ or (Dentist) 'Dr. _____ at phone# _____, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any other hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

I do not give consent for church authorities to contact any medical professionals in the event of an emergency.

Parent/Guardian Signature: _____ Date _____



*Please turn in registration forms to the church office, located at 615 4th Street Castle Rock CO 80104. All fees must be turned with the registration form. Should extenuating circumstances arise, please feel free to contact the church office discuss a payment plan.
303-688 -5185 Please make checks payable to Christ's Episcopal Church VBS on memo line.