St. Mark's Vacation Bible School Registration

June 24 – 28, 2018

Child's name (first and last):________________________ Nickname>____________ Sex: F M (circle one)

Primary Phone (___)_________________ Home/Cell (circle one) Age:________ birthday ___________

Address:________________________________ City:____________ State:________ Zip:____________

Mother's Name:__________________________________ Work phone: (___)________________________

Alternative Phone: (___)_________________________ Email:___________________________________

Father's Name:__________________________________ Work phone: (___)________________________

Alternative Phone: (___)_________________________ Email:___________________________________

Parents are always contacted first. Please list local contact in the event that a parent cannot be reached.

EMERGENCY CONTACT:______________________ **Relationship:**____________ **Phone:(___)**________

Other than the mother or father, who may pick-up your child? ___________________________________

____

Siblings (and their ages):____

Church Affliliation:_______ St. Mark's ____________________________________ Other, please specify

Does your child have any fears/anxieties? If so, please explain:_____________________________

Do you have any behavioral or development concerns about your child? If so, please explain:___________

____

Child's previous group experience:____

Child's interests:____

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Butler, PA 16001
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724-996-9245 (Cell)

724-287-6741(Office)

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(over)

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Child's Name: ____

Physical History:

Family Physician: ___________________________ Phone: (   )________________

Chronic illnesses: ____

Allergies to Foods: ____

Regular medications: _______________________Does your child have an Epipen? _____

Has your child previously had chicken pox?_______ Has had Vaccines?_______________

Toileting practices (any known difficulty) ____________________________________

Vision/hearing/speech (any know difficulty) __________________________________

First Aid/Medical care: and/or treatment consent:

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to ______________, and to secure necessary medical treatment for my child.

I authorize all medical, diagnostic, surgical, and hospital procedures as may be performed or prescribed by a treating physician if I cannot be reached in an emergency.

Date: ___________________________ Signature: ____

I give my permission to use finger paints and other non-toxic art/craft materials. Yes____ No____

I give my permission to have pictures taken of my child and have them placed in the Church Newsletter and on the Church Website. Yes____ No____

I give permission to share my child's name listed with their picture for the publications listed above.

Yes____ No____

Parent / Guardian's
Signature:____Date:________________