



# VACATION BIBLE SCHOOL



The Wacky World of Water  
August 7-11, 2017 9:00a.m.-12:00p.m.

Child #1 Name: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Age & Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name & Phone: \_\_\_\_\_

Parent's Name & Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Emergency Contact Name, Phone#, Relationship to child: \_\_\_\_\_

Please Pay Registration Fee that Applies to Your Child:

\$70 M-F VBS only ~ \$50 if enrolled in T/Th preschool ~ \$30 if enrolled in M/W/F preschool

**Consent for Medical Treatment:** As the parent, agency representative or legal guardian, I hereby give consent to La Cristianita Preschool to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_