

Bally Mennonite Church

2019 Vacation Bible School Registration Form

1481 Route 100, P.O. Box 194

Bally, PA 19503

610-845-7780 www.ballymc.org

Please complete a separate form for **each child** participating in VBS.

E-mail back to BMC at churchoffice@ballymc.org to be registered.

General Information

Child's Name: _____ Date of birth: _____

Grade Completed: _____ Age: _____

Parent/Guardian: _____

Home address: _____

City/State/Zip: _____

Email address: _____

Home Phone: _____ Cell phone: _____

Home Church: _____

Medical Information

Emergency Contact: _____

Relation to Child: _____

Emergency Contact Number: _____

Please list any known allergies/medical conditions/prescription medications/physical restrictions that the VBS staff should be aware of:

In the event of illness, injury of other emergency involving my child, I understand that **every effort** will be made to contact me. If time is of the essence, I/We the undersigned, parent(s)/ legal guardian(s) of _____, a MINOR, do hereby authorize the church leaders (including VBS Leaders or Pastor) to consent to any medical treatment at a hospital or other health care provide which is deemed appropriate under the circumstances by such church leader.

I give permission for photographs of my child to be put on the following:

Church website Yes No Church Facebook page Yes No

I/We _____ the parent(s)/legal guardian(s) of the above named child, hereby give my/our consent to my/our child's participation in Bally Mennonite's Vacation Bible School. (I understand that my electronic signature below is valid as if I had signed below by hand)

Parent/Guardian Signature

Date