



One form per child. All fields are required.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
FIRST LAST

Grade/Program in School as of September 2018 \_\_\_\_\_  Male  Female

ALL CHILDREN WHO ARE OLD ENOUGH TO ENTER 4-YEAR OLD PRESCHOOL IN THE FALL, THROUGH RISING 5<sup>TH</sup> GRADE, ARE ELIGIBLE TO ATTEND VBS. "POTTY TRAINED" 3-YEAR OLD CHILDREN OF SARDIS PRESBYTERIAN CHURCH MEMBERS OR SARDIS WEEKDAY SCHOOL ATTENDEES MAY ALSO REGISTER FOR VBS.

Address (with city/state/zip) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 (SOMEONE OTHER THAN PARENTS OR GUARDIANS)

Additional person with permission to pick up your child (Name, Cell Phone) \_\_\_\_\_

#### MISCELLANEOUS INFORMATION

My child WILL participate in worship on Sunday, July 15, 2018:  Yes  No  Unsure

The child's parents/guardians are a:  Church Member  Non-Church Member

#### VOLUNTEER INFORMATION

We need help in many different areas, from many people. Childcare for ages Infant through 2-years old is available only on the days you volunteer\*\*\*. Please check the way(s) that you would be able to volunteer, preferred age-level, and the days of the week that you can assist.

Class Leader  Arts & Crafts  Storytelling  Recreation  Kitchen

Preschool/Kindergarten  Elementary

Monday  Tuesday  Wednesday  Thursday  Friday

Decorating Assistance on Friday, July 6  Decorating Assistance on Sunday, July 8.

If you are unable to assist at VBS, but can provide snacks, please check here and we will contact you:

#### COST

If volunteering: \$25 per child (\$50 family maximum) If not volunteering: \$40 per child (\$60 family maximum)

If you would like to donate extra funds that go to a scholarship fund to provide for other children to attend VBS, please do so with your payment. **Please made checks payable to Sardis Presbyterian Church and attach to this form.**

Continued on reverse

**T-SHIRT SIZE (PLEASE CHECK ONE)****Youth**XS S M L XL**Adult**S M L**MEDICAL HISTORY/OTHER**

1. Does your child have allergies to:

 food (indicate) \_\_\_\_\_  insect bites medications (indicate) \_\_\_\_\_  Other \_\_\_\_\_

2. Does your child take any medications? If so, please indicate here: \_\_\_\_\_

3. **If your child requires an EpiPen, please provide one non-expired EpiPen in a Ziploc bag for your child to carry with them. The bag should be labeled with their full name. Please also provide a Physician's action plan, inclusive of permission/non-permission to administer Benadryl.**

4. Is there anything we need to know about your child (such as medical, physical, or emotional concerns)? \_\_\_\_\_

5. If you have any other concerns, please contact Katie Harrington ([Katie.harrington@sardis.org](mailto:Katie.harrington@sardis.org); 704-366-1854).**Permission (Signature is REQUIRED)**

\_\_\_\_\_ has my permission to attend the Vacation Bible

NAME OF CHILD

School sponsored by Sardis Presbyterian Church. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sardis Presbyterian Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events and activities being organized by Sardis Presbyterian Church. I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release Sardis Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Sardis Presbyterian Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by a health insurance provider.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographs taken during Sardis Presbyterian activities may be used (without names) in future electronic and print media. If you would prefer NOT to have your child's photo used in this manner, please notify the church in writing.**