



2021 VBS Registration

Please print clearly and fill in all blanks.

Name _____

Birthday _____ Age _____

Last Grade Completed _____

Parent's Names _____

Address _____

City/Zip _____

House & Cell Numbers _____

Email Address _____

Names of Others Who May Pick up the Child _____

Food Allergies: Yes No - If yes, list _____

Medical Concerns: Yes No - If yes, explain _____

Names & Ages of Siblings Attending VBS _____

Do you have a home church Yes No - If yes, list _____

For Parent/Guardian

Due to state regulations and for everyone's protection we ask the following medical consent form be signed. If there are any questions you may contact the church at 304-267-8778.

Medical Consent Form

In the event our child _____ becomes ill or sustains an injury while attending Vacation Bible School sponsored by Baker Heights Baptist Church I/we undersigned give permission to those in charge to take whatever steps necessary to stop any bleeding and administer first aid. I also consent to an x-ray examination, anesthetic, medical or surgical diagnosis and treatment and hospital care, and the administration of drugs and medicine to be given to my child under the general or specialized supervision and upon the advice of a duly licensed physician or surgeon.

I will not hold Baker Heights Baptist Church, its paid or volunteer staff responsible for injuries incurred by my child.

Parent Signature Date

For all our children's safety parents are required to come to the church door each evening to pick up their children.