



**Carmichael Presbyterian Church**

# **VACATION BIBLE SCHOOL 2023**

**July 10 - July 14**

**5:00-7:30 p.m.**

**Includes dinner!**

**\$20.00 per child** (scholarships available upon request)

Circle grade entering: **Pre-K**      **K**      **1**      **2**      **3**      **4**      **5**      **6**

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

T-shirt size: ☐ Extra Small (4-6)    ☐ Small (6-8)    ☐ Medium (10-12)    ☐ Large (14-16)    ☐ Adult Small

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are parents/guardians members of Carmichael Presbyterian Church? ☐ Yes    ☐ No

If you cannot be reached during the hours of VBS please indicate an emergency contact & phone number : \_\_\_\_\_

Special Needs/Allergies/Other Important Information: \_\_\_\_\_

**Medical Release:** In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Carmichael Presbyterian Church to make such arrangements as s/he considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as s/he considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by a licensed physician or surgeon.

Print Parents' Name(s) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_

**Photo Release:** Carmichael Presbyterian Church has my permission to use my child's photograph publicly in VBS materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Office use: Date Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check #/Cash \_\_\_\_\_ T-shirt \_\_\_\_\_