



**Cheboygan Faith Baptist Church**  
**Vacation Bible School Child Registration Form (Page 1 of 2)**  
**Monday, June 26 – Thursday, June 29, 2023**  
**12:00 pm – 3:30 pm, Ages 4 – Entering 5<sup>th</sup> Grade**

**Please complete information below by on-line by Friday, June 9th**

**Child's Name (One Form Per Child):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Allergies or Medical Concerns:** \_\_\_\_\_

**Person(s) Authorized to Pick Up Your Child:** \_\_\_\_\_

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**Note: Children must be signed in and signed out at Faith Baptist Church each day.**  
*Please Be Prompt in Picking Up Your Children by 3:30pm*

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**IMPORTANT: If your child is attending summer school at East/West (circle one) Elementary in Cheboygan, a parent must call the bus garage (231-627-4422) by Thursday, June 22, to arrange drop off at Faith Baptist Church. My child will be attending summer school at East Side Elementary in Cheboygan.**

**Any Other Information the VBS Team Should Know:** \_\_\_\_\_

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If a question regarding any item on this registration form, please contact Lisa Gamon, [lisagamon1@gmail.com](mailto:lisagamon1@gmail.com)  
(850-217-2796)

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**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

*Please print out and drop off at the church office or send  
with your child the first day of VBS*

**Purpose of the following information:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached.*

In the event reasonable attempts to contact me at (phone #) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. \_\_\_\_\_ at phone # \_\_\_\_\_ or (dentist) Dr. \_\_\_\_\_ at phone# \_\_\_\_\_ or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) \_\_\_\_\_ or any other hospital reasonably accessible.

**Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:**

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

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I do not give consent for church authorities to contact any medical professionals in the event of an emergency. *(If this is the case, parent must provide specific written instructions below for care of the child should he/she become ill or injured).*

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

**LIABILITY RELEASE**

**I, the undersigned, release and discharge Cheboygan Faith Baptist Church, its officers, employees, agents, and servants from all liability for injuries to my child arising out of or in connection with VBS or VBS-related activities. I further understand the Cheboygan Faith Baptist Church, its officers, employees, agents and servants shall not be held liable for youth who, against the advising of counselors or recognized parental/youth volunteers, leave the grounds without appropriate supervision or permission.**

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

If a question regarding any item on this registration form, please contact Lisa Gamon, [lisagamon1@gmail.com](mailto:lisagamon1@gmail.com) (850-217-2796).