

# Adventure Week 2016 (Extreme VBS)

## Family Registration (after 6/23/17)

**\*\*If registering after 6/23, please bring this form your first day of AW\*\***

### Parent Information (\* indicates required question)

Name\* \_\_\_\_\_ Email\* \_\_\_\_\_

Address\* \_\_\_\_\_  
(street) (city) (state) (zip)

Mobile\* \_\_\_\_\_ Home\* \_\_\_\_\_ Work \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home church (if any) \_\_\_\_\_

Please list the people who have permission to claim your child(ren)\*:

\_\_\_\_\_

Emergency Contact/Phone number \*

\_\_\_\_\_

(name)

(phone number)

In case of an emergency, do we have permission to seek medical attention if you are not on the premises?\*  YES  NO

If yes, what doctor should we contact if time permits? \_\_\_\_\_  
(name) (phone)

If you have more than one child, please indicate how you would like them placed. Late registrants will be put in the available space. Same tribe/different tribes cannot be guaranteed.

Please put all my children in the same tribe.

Please place my children in different tribes.

It doesn't matter. Whatever works!

### Child #1

Name\* \_\_\_\_\_ DOB\* \_\_\_\_\_ Grade completed\* \_\_\_\_\_

Allergies/Asthma/Special Needs \_\_\_\_\_

Does this child require an EPI pen?\*  YES  NO

\*If your child requires an EPI pen, a labeled EPI pen must be left with tribe leader and picked up daily.

If you would like your child placed with a sibling or friend, please indicate below. Late registrants are not guaranteed requests. Please include any other helpful info for your child.

\_\_\_\_\_

\_\_\_\_\_

**Child #2**

Name\* \_\_\_\_\_ DOB\* \_\_\_\_\_ Grade completed\* \_\_\_\_\_

Allergies/Asthma/Special Needs \_\_\_\_\_

Does this child require an EPI pen?\*  YES  NO

\*If your child requires an EPI pen, a labeled EPI pen must be left with tribe leader and picked up daily.

Special requests or helpful information for Child #2:

\_\_\_\_\_

**Child #3**

Name\* \_\_\_\_\_ DOB\* \_\_\_\_\_ Grade completed\* \_\_\_\_\_

Allergies/Asthma/Special Needs \_\_\_\_\_

Does this child require an EPI pen?\*  YES  NO

\*If your child requires an EPI pen, a labeled EPI pen must be left with tribe leader and picked up daily.

Special requests or helpful information for Child #3:

\_\_\_\_\_

***Additional Children? Please grab another form and continue...***

**Fine Print** – Please check to indicate you have read each statement and then sign below.

By filling out this form, I am give permission for SPEP to photograph my child(ren). I understand that these photographs will be used in the end of the week slide show ONLY.

I understand that I am responsible for personally picking up my child unless I otherwise give instruction, in writing, authorizing someone else to pick up him/her. (Listing alternates on this form is considered written authorization.)

I understand the adventure Week program begins at 8:45 and ends at 12:15 each day.

\_\_\_\_\_  
(parent’s signature)

\_\_\_\_\_  
(date)

**Cost after June 23rd is \$10/child with no maximum amount. Checks can be made payable to SPEP.**

------(church use only) -----  
Payment Amount \_\_\_\_\_  Check ( # \_\_\_\_\_ )  Cash