

Adventure Week 2017 (Extreme VBS) Family Registration

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.

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. We will do our best to accommodate 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 is \$10/child and a max of \$20 per family through 6/24. After that date, the cost will be \$10/child with no maximum per family. Checks can be made payable to SPEP.

------(church use only) -----

Payment Amount _____ Check (# _____) Cash