

Preschool VBS Registration Form

Child's Name _____

Year child will start kindergarten (circle one) 2021 2022

Parent or Guardian Name(s) _____

Address, City, State, Zip _____

Home Phone _____

Email Address _____

Home Congregation _____

Emergency Contact Name and Number _____

Will this camper be arriving late or leaving early any of the days? (circle one) YES NO

If yes, please explain: _____

Please tell us who will be picking up your camper. If they are to walk/bike home, please note that:

Are there any disabilities, recurring illnesses, allergies, or dietary concerns that we should be aware of? (circle one) YES NO

If yes, please explain. _____

Are there any current medications or medical treatments that we should be aware of?

(circle one) YES NO

If yes, please explain. _____

In the event of an emergency, the staff at OSLC will make every effort to contact me. However, I give permission to the adults supervising the event on behalf of OSLC to authorize medical personnel to render emergency medical treatment for my child. This authorization shall include transporting my child by emergency medical transportation as necessary. Further, I give my permission for a qualified physician to authorize proper treatment for my child. I agree to update the information on this form in the event that any of the information herein changes from the date set forth below.

Parent/Guardian Signature _____ Date _____