

Pines Presbyterian Church VBS  
"Rome: Paul and the Underground Church"  
June 19 - 23, 2017 from 6-8pm



**REMINDERS:**

- Enrollment choices this year are children only or parent(s) and children together. Please check the appropriate line below.
- Registration deadline is 6/1/2017 or once the program has reached capacity.
- Your child must be 4 years of age and potty-trained by June 1<sup>st</sup> in order to participate in Vacation Bible School. Babysitting will be available for children under 4.
- Please fill out a separate form for each child participating as registration is \$15/child. There is no cost for parents to participate. Dinner is provided free each night for all participants.

**PARTICIPANT INFORMATION:**

Student name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Child's Birth Date(including year): \_\_\_\_\_ Age of your child as of June 1<sup>st</sup>: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Grade your child will be in starting in the Fall: \_\_\_\_\_

Child's t-shirt size: \_\_\_\_\_

Are you participating with your child(ren)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many adults? \_\_\_\_\_

Will you be using the babysitting service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many children? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Continued on reverse)

**Please list any medical conditions and/or food allergies:**

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**PAYMENT INFORMATION:**

Registration is \$15.00 per child (scholarships are available upon request)

Please make checks payable to: ***Pines Presbyterian Church***

Mailing address: Pines Presbyterian Church  
Attention: VBS  
12751 Kimberley Lane  
Houston, TX 77024

***OR*** bring your completed form and payment to the church offices

**AUTHORIZATION:**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend Pines Presbyterian Vacation Bible School, June 19 – 23 2017 and I agree to allow my child to be photographed or videotaped. I understand that my child's name and personal information will not be released and that all media products obtained during Vacation Bible School will be limited to use by Pines Presbyterian Church only. In the event of an emergency involving my child, every attempt will be made to contact me. If I cannot be reached, I hereby give permission to the physician or EMT personnel selected to secure and administer treatment, including hospitalization, for the participant named above.

Signature of parent or guardian: \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_

Insurance company name: \_\_\_\_\_

Policy/group #: \_\_\_\_\_

Phone number of insurance authorization: \_\_\_\_\_

Primary care physician name: \_\_\_\_\_

Primary care physician phone: \_\_\_\_\_

**We look forward to having a fantastic week in  
Ancient Rome together!**