First Baptist Church Dripping Springs
2011 Vacation Bible School Registration Form
Kingdom of the Son-June 27th-30th
9:00-11:30 am
Completed Pre-K – 5th Grades

PLEASE PRINT

Child's Name _____ Boy ____ Girl ____
Last First

Date of Birth _____ Age _____ Last Grade Completed____

Street Address _____
City State Zip

Mailing Address _____
City State Zip

Phone # _____
Home Cell Emergency #

Email Address _____

Siblings attending _____

Church Home, if any _____ May we contact you? _____

People who may pick up your child _____Relationship_____

I authorize employees of First Baptist Church of Dripping Springs or VBS volunteers to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. First Baptist Church of Dripping Springs and VBS volunteers are not liable in the event of an accident or injury occurring from my child's participation in VBS, except as allowed by law.

Known Drug Allergies _____

Known Insect Allergies _____

Is Your Child Taking Any Medication(s) At This Time? Yes _____ No _____

List Name and Amount of Medication(s)

_____

_____

Parent / Legal Guardian's Name_____

Insurance Company_____

Policy#_____

Signature of Parent/Guardian _____ Date _____

PLEASE MAIL THIS FORM TO

First Baptist Church of Dripping Springs, Attn: VBS 2011, P. O. Box 1177, Dripping Springs, TX 78620

OR

Drop off at the FBCDS office at 299 Hays Street behind the Church

Please call 858-4270 for additional information.