

PAID \_\_\_\_\_ CHECK NO. \_\_\_\_\_

**POWER LAB**

*Discovering Jesus' Miraculous Power!*  
THE NOROTON PRESBYTERIAN CHURCH  
VACATION BIBLE SCHOOL REGISTRATION

**MINI VBS**

JUNE 23-27 9:00am-12:00pm

**\$40 FEE -2'S AND 3'S IF A VOLUNTEER**



CHILD'S AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PARENTS E-MAIL \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

PARENTS' HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
# Street Town State Zip

OTHER SAFE ADULTS TO GO HOME WITH: \_\_\_\_\_

LOCATION OF PARENT: MONDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

FRIDAY \_\_\_\_\_

**PLEASE COMPLETE THE BACK  
EMERGENCY INFORMATION**

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

If you (the parents) cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the Church/Youth Club staff, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible? YES \_\_\_\_\_ NO \_\_\_\_\_

INSURANCE COMPANY NAME/NUMBER  
\_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANYTHING? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list each allergy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS,  
OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NO REFUNDS AFTER MAY 31, 2008**