



Preschool VBS Registration

June 29th-July 2nd *No Friday
8:30am-12:00pm

Name: _____ Age: _____ Date of birth: _____

Parent/ Guardian: _____ Address: _____

Phone Number: _____ Email: _____

Emergency Contact Name and Number: _____

Special Needs/
Allergies: _____

Is there a friend your child would like to be with? _____

VBS COST.....\$45
 Volunteer discount.....\$10
 Total Amount.....\$ _____

For office use only:
 Total rec'd: _____
 Date: _____



I would like to volunteer!

volunteers who help all week receive a \$10 discount! Volunteers are also eligible to have your smaller children in our care while

- I can help all week!
My t-shirt size is S M L XL 2XL
- I can help these days: _____
- I need care for my child while I'm helping
Name(s): _____ Age(s): _____

Contact Brittney@tlc.org for more info

Parent/ Guardian Authorization and Medical Release

I hereby give my permission for:

to participate in the preschool vacation bible school at Twin Lakes Church. In case of emergency, I hereby give my permission to any licensed physician and hospital selected by the league administrators to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for the above named. I further understand that neither the church, nor any individual be help responsible in the event of accident, injury or student disobedience. Twin Lakes Church does not carry accident insurance for group activities. Should an accident occur, you will be expected to cover the medical expenses involved.

The information you provide below will help us get immediate care for your child.

Signature of Parent/ Guardian: _____

Print name: _____

Insurance Company: _____

Policy Number: _____

Medical conditions or allergies: _____

___ This child is NOT covered by insurance

PLEASE TURN IN COMPLETED FORM AND PAYMENT TO THE MAIN CHURCH OFFICE
Checks payable to TLC

