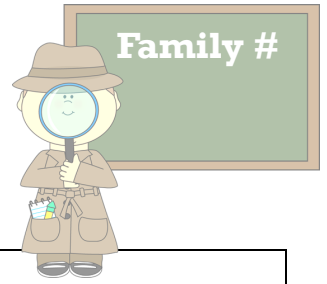




VACATION BIBLE SCHOOL
June 18-22, 2017
Sun. – Wed. 6:15 – 8:00 pm
Thursday - Supper 5:30 pm
Entertainment: Brett A. Myers, Christian Illusionist



Crew # and Color (*for Committee Use)	Student Name	Grade Com- pleted	Age (as of 6/17/17)	Allergies or Special Needs	Friend/Relative (*See below)

***For the Friend/Relative category: We have added this category to aid in the speed of our registration the week of Bible School. If you choose, list the name of one friend / relative that your child is interested in being with in their group according to these age level divisions:**

Age 4 to Pre-K	K—Grade 2	Grades 3-5
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Important Information:

Parent/Guardian: _____

Home Address: _____
street city state zip

Home Phone: (_____) _____ Emergency Contact Number: (_____) _____

Member (or Regularly Attend) Which Church: _____

Designated Pick Up People

In addition to myself, the following person/people has/have my permission to pick up the child(ren) listed on this form:

Name	Relation to Child(ren)

Waiver

I waive any and all claims against Mellinger Mennonite Church, its staff and volunteers, and release them from liability, in the event of accident, damage, injury, or sickness to my child(ren) in connection with my child(ren)'s participation in Vacation Bible School. I hereby give my permission to Mellinger Mennonite Church to obtain and provide first aid/emergency medical care to my child(ren) as needed, and to take pictures which might include my child(ren), of the events during VBS..

Signature of parent/guardian: _____ Date: _____