



PTC Vacation Bible School

12 N 2nd St Laurel MD 20707
(240)583-0996 | prayertowerchurch.org

Monday, June 27th – Friday, July 1st

9:00 am – 2:00 pm, Ages 4-12 years

Child Registration Form (Regular registration fee: \$60.00* Early registration fee: \$55 until June 13th)

Child's Name (One Form Per Child): _____

Date of Birth: _____ Age: _____ Grade Entering: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Secondary Phone#: _____ Email Address: _____

Emergency Contact Name: _____ Phone#: _____

How did you hear about VBS: _____

Home Church: _____

Allergies or Medical Concerns: _____

EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under church authority, *when parents or guardians cannot be reached.*

In the event reasonable attempts to contact me at (phone#) _____ have been unsuccessful, I hereby give my consent for: (1) the administration of any medical treatment deemed necessary by (physician) Dr. _____ at phone # _____, (2) the transfer of the child to (preferred hospital) _____.

I do not give consent for church authorities to contact any medical professionals in the event of an emergency.

Parent/Guardian Signature: _____ Date _____