

VSBC Summer Evening Camp
June 20-24

Child's Name: _____

Date of Birth: _____ Last grade completed: _____

Address: _____

City: _____ Zip Code: _____

T-shirt size: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Zip Code: _____

Home number: _____

Cell Phone number: _____

Please let us know some information about your child so that we can provide a safe environment for them.

Medical conditions: _____

Allergies: _____

Medications: _____

If there are medications, creams (sunscreen), or sprays (insect repellent) that your child will need while with us please fill out a medications form when dropping your child off.

Students will only be released to an adult 18 years or older who is on their pick-up list. Please list below everyone who is allowed to pick up your child. People who are picking up students should be prepared to show ID.

Allowed to pick-up:

Students will be expected to follow a code of conduct that includes respecting teachers, other students and themselves. If a student refuses to follow the rules a parent/guardian may be asked to pick them up. If it continues through the week they can lose the privilege of going on the Friday field trip. No refund will be given of the registration fee.

Parent/Guardian's signature

Date

You can mail this registration form to Vine Street Baptist Church, 960 Vine St. Louisville Ky, 40204 or place it in the mail slot on the Highland ave. side of the church.

We look forward to a great time with your child at camp this summer!!