



## REGISTER FOR VACATION BIBLE SCHOOL

JULY 17-20, 2017

6:00 pm — 8:30 pm

Children age 4 by September 30, 2017 through completed 5th graders

### Music, Games, Skits, and Snacks!

Age appropriate programs for each group

Choose a payment below based upon your financial needs:

Sponsored by Mt. Washington Presbyterian Church - no charge  
 Donation of \$10/child to enrich and support our VBS program

Registration deadline: **Friday, July 14, 2016**

Please fill out a form for each child registered

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

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: M F

CIRCLE AGE or GRADE COMPLETED Age 4/ age 5 / K / 1 / 2 / 3 / 4 / 5

ALLERGIES/SPECIAL NEEDS OR CONDITIONS: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(FOR NEWSLETTER, COMMUNICATION AND GROUP ASSIGNMENTS)

EMERGENCY CONTACT \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_

MEDICAL RELEASE: I hereby give consent for my child to participate in all camp activities and receive routine and/or emergency medical care. In the event of a medical emergency, I understand every effort will be made to contact me. If I cannot be contacted, I hereby give my consent to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well-being of my child.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

CHURCH AFFILIATION : \_\_\_\_\_

Please turn the page over for more info



## PHOTOGRAPH, FILM OR VOCAL RECORDING RELEASE

Mt. Washington Presbyterian Church  
6474 Beechmont Ave  
Cincinnati, OH 45230-2092  
(513) 231.2650  
[www.mwpc-church.org](http://www.mwpc-church.org)

*Note: I authorize this release based on the following conditions:*

*These records become the property of MWPC or its representatives.*

*This release is given without promise of compensation.*

*This release is effective until terminated by a retraction in writing from the person granting this authorization.*

*The parent/legal guardian and the child do release to MWPC any right, title, and/or interest of any kind they may have in the records provided.*

### Release to photograph, film or record vocally for publicity purposes

I hereby grant to Mt. Washington Presbyterian Church the right and authority to photograph, film, and/or record vocally. These records may be used for promotional or publicity purposes and may be published in mass media publications, on MWPC's Internet site, or shown on television or movie presentations. The child's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

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Signature  
(parent or legal guardian if above is a minor)

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Witness  
(for authorization by phone)

### CIRCLE ADULT VOLUNTEER OPPORTUNITY: GROUP LEADER / CRAFTS / GAMES / CHILDCARE / OTHER

Drop off or mail to: Mt. Washington Presbyterian Church  
6474 Beechmont Avenue, Cincinnati, Ohio 45230  
513.231.2650 Fax 513.624.2300  
Email: [theoffice@mwpc-church.org](mailto:theoffice@mwpc-church.org)  
[www.mwpc-church.org](http://www.mwpc-church.org)

