



FAMILY REGISTRATION FORM

One per family

June 13, 2025 // Vintage Church // 1501 New Hampshire St // vintagelawrence.com

The registration fee: should be paid online or attached to this enrollment form.

We accept online payment, cash or checks made out to Vintage Church.

1 child - \$30, 2 children - \$50, 3+ children - \$70 / Preschool: one child - \$15, 2 children - \$30

Parent/Guardian Name(s):
Primary Phone Number:
Additional Phone Number:
Email Address:
Emergency Contact: (Name & Relationship to Child(ren):
Emergency Contact Phone:
Adults Permitted to Pick Up Child(ren):
Requesting Scholarship?

Complete the following health care insurance info if applicable:
Policy Name Holder:
Policy Provider and Policy Number:
Medical Assistance Program Card Number:
Military Medical I.D. Number: Complete

CHILD REGISTRATION FORM

One per child

Name:
Birthday:
Age/Grade (2024-25 year):
Allergies:
Info We Need to Know; Re: Child:

PHOTO RELEASE FORM

I agree that _____ (child's name) may be photographed or videotaped during the day of SOAM and that this photo/video may be used - without the participant's name included - by Vintage Church in publicity, i.e. brochures, internet postings, website postings and media contacts. I acknowledge that no further notice is needed by the church prior to the release of the photo/video.

Please initial by your appropriate photo release response:

Yes, I approve

No, I do not approve

I approve, only for SOAM large group photos that include no mention of children's names

MEDICAL PERMISSION FORM

I hereby authorize the officials (staff /volunteers) of Vintage Church to give consent for my child _____ in the event of illness or injury. This authorization is effective on Friday, 13, .25

Current Medications and dosages (If none, write "none")
Allergies (If none, write "none")
Relevant Medical History (If none, write "none")
Date of last tetanus shot if known:

Parent or Guardian Signature

Date