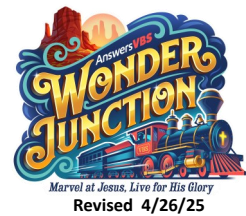


VACATION BIBLE SCHOOL REGISTRATION

Skyline Baptist Church ~ June 23 through June 26 ~ 9am to Noon

For children entering kindergarten through entering 5th grade

Please register by June 15



Wonder Junction: *Marvel at Jesus. Live for His Glory.*

Howdy, Partners!

Dust off your boots, grab your bandana, and get ready for a rootin' tootin' time at Wonder Junction! Join us as we gallop through the wonder-filled West, where we will learn about the grandest wonder of all—Jesus Christ. We will travel through High Point Bible Time, Carpenter Joe's Crafts & Science, Gallopin' Gabe's Games, Sweet Sadie's Snacks, and All Aboard Assemblies—All the things that make VBS so fun!! *Please wear play clothes & closed-toed shoes.*

Child's First and Last Name: _____ Age: _____ Birthdate: _____

Grade entering in the Fall (please circle grade): K 1st 2nd 3rd 4th 5th

☐ NO ALLERGIES OR CONCERNS ☐ YES, ALLERGIES AND/OR CONCERNS ~ PLEASE EXPLAIN: _____



Child's First and Last Name: _____ Age: _____ Birthdate: _____

Grade entering in the Fall (please circle grade): K 1st 2nd 3rd 4th 5th

☐ NO ALLERGIES OR CONCERNS ☐ YES, ALLERGIES AND/OR CONCERNS ~ PLEASE EXPLAIN: _____



Child's First and Last Name: _____ Age: _____ Birthdate: _____

Grade entering in the Fall (please circle grade): K 1st 2nd 3rd 4th 5th

☐ NO ALLERGIES OR CONCERNS ☐ YES, ALLERGIES AND/OR CONCERNS ~ PLEASE EXPLAIN: _____



Child's First and Last Name: _____ Age: _____ Birthdate: _____

Grade entering in the Fall (please circle grade): K 1st 2nd 3rd 4th 5th

☐ NO ALLERGIES OR CONCERNS ☐ YES, ALLERGIES AND/OR CONCERNS ~ PLEASE EXPLAIN: _____



Parent/Guardian Information: *please print clearly*

Name (s) (first & last) _____ Home church: _____

Full mailing address: _____

Best phone # to reach you during VBS : _____ home cell work (circle one)

Email _____ Please provide the name & number of someone else to contact if we can't get ahold of you during VBS: _____ I'm considering serving in VBS but need more information: ☐ Yes ☐ No

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church related activity.

Do you have health insurance? __ YES __ NO If yes, NAME _____ POLICY # _____
ADDRESS _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

LIABILITY RELEASE *Signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in any Skyline activities. They also agree not to hold Skyline, or its members liable for damages, losses, or injuries to the person or property under-signed. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.*



Parent or Guardian's Signature

Valid June 23 — 26, 2024

Skyline Baptist Church 3451 Liberty St., North Bend, OR 97459 360-607-0022 Loy Huntzinger, Childrens Ministry Director
loy@sbcnb.org www.sbcnb.org