**VACATION BIBLE SCHOOL - OAK GROVE MENNONITE CHURCH**

1525 Mennonite Church Rd., West Liberty, OH

**JULY 15-19, 2018, 6:00-8:30 p.m.**

**JULY 20, FAMILY PROGRAM, 6:00 p.m.**

**Registration of students ages 4 years - Grade 6 completed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Age**  | **Grade****Completed** | **Birth Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent/Guardian:**

**Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Another phone where you may be reached in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the child/children above have any allergies, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read and check the following statement:**

\_\_\_\_\_I/We give permission for the above child/children to participate in Oak Grove’s Vacation Bible School. In doing so I/we release from liability any person(s) involved with Vacation Bible School for any accident or injury that may occur to my/our children during programmed activities.

**Please read and check one of the following statements:**

\_\_\_\_\_I/We allow my/our children to be included (without his/her name) in **photographs** that may appear in a church newsletter.

OR

\_\_\_\_\_I/We do not allow my/our children to be included (without his/her name) in **photographs** that may appear in a church newsletter.

**Please read and check one of the following statements:**

\_\_\_\_\_I/We authorize emergency medical treatment for my/our child/children in the event I/we cannot be reached.

OR

\_\_\_\_\_I/We do not authorize emergency medical treatment for my/our children.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian)

***THANK YOU FOR REGISTERING YOUR CHILDREN! IF YOU HAVE QUESTIONS, YOU MAY CONTACT US AT 937-465-4749 OR*** ***church@oakgrovemennonite.org*** ***LOOKING FORWARD TO SEEING YOU AT BIBLE SCHOOL!***