

2015 VBS Registration Form – *Troy's Story*

July 13th – July 17th & July 27th – July 31st | 9:00am – 2:00pm

Family Christian Center: 2500 Hwy 27 Clermont, FL 34711 (352) 242-1895 ext. 719

Mail: P.O. Box 120037 Clermont, FL 34712 Website: FCCLIVE.com

STUDENT'S INFORMATION

(Please fill out one form per child – must be 5 years old up to 11 years old.)

CHILD'S FULL NAME: _____ GENDER: F M

BIRTH DATE (MM/DD/YY): _____ AGE: _____ GRADE COMPLETED (by June 2015): _____

NAME OF HOME CHURCH, IF ANY: _____ CITY: _____

PARENT AND/OR GUARDIAN INFORMATION

RELATION TO CHILD: MOTHER FATHER GRANDPARENT LEGAL GUARDIAN

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

WORK PHONE: (____) _____ EMAIL: _____

EMERGENCY CONTACT INFORMATION: (in the event parent/guardian cannot be reached)

FULL NAME: _____ RELATION TO CHILD: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

WORK PHONE: (____) _____ EMAIL: _____

PAYMENT INFORMATION:

REGISTRATION FEES – LIMITED SPOTS!

\$35.00 per child (for 1 week) Includes snacks! (Please provide your child with a packed lunch)

Please make checks payable to: **Family Christian Center (Please put VBS and your child's name in memo section)**

Week to attend: July 13th – 17th July 27th – 31st (Child can attend both weeks)

Check amount: \$ _____ Check #: _____

Cash amount: \$ _____ Payment received by: _____

PERMISSION FOR MOVIE VIEWING: I give permission to my child to view movies that are within the appropriation of their ages and that are approved by Family Christian Center.

Parent/Guardian signature: _____ **Date:** _____

PERMISSION TO USE CHILD'S PHOTOGRAPH: I give permission to FCC to photograph my child. I give permission to Family Christian Center to copyright, use, and publish photographs for any lawful purpose, including newspaper articles, church publications and church's website uses.

Parent/Guardian signature: _____ **Date:** _____

Permission and Medical Release
Vacation Bible School
Family Christian Center of Clermont, Inc.

Student's Name: _____ Date Of Birth: _____
Name of Parent(s) or Guardian(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Alternate Phone: _____

Family Physician: _____ Office Phone: _____
Address: _____ City: _____
State: _____ Zip: _____

Is there any medical or hospital insurance which provides for this child? _____
Name of Insurance Company: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Office Phone: _____ Policy Number: _____
Name of Insured: _____

Allergies (penicillin, bee stings, hay fever, food, etc.) Please list below:

Are immunizations current? _____ Yes _____ No

Is this person on any medications? If so please list below:

Will the student be bringing these medications? If so, please list below:

Any Instructions? _____

Does your child have (or has ever had) any of the following:
Seizure Disorder, Asthma, Heart Murmur, Diabetes, Kidney Disease, etc. Circle and explain below:

I, the undersigned parent(s)/legal guardian(s) of, a minor child, on behalf of myself, my minor child, heirs, executors, and assigns, hereby waive and release all rights and claims for damage which I or my minor child may have or which may hereafter accrue against Family Christian Center of Clermont, Inc., its members, agents, officers, directors, representatives, and successors for any and all damages or injuries to person or property which may be sustained by me or my minor child as a result of or in connection with my minor participating in this church sponsored activity.

My child has permission to participate in all prescribed activities except as noted by me.

As a parent or legal guardian, whenever my child participates in any student ministry activities, I understand that the Family Christian Center of Clermont, Inc. carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations, and terms thereof, may provide benefits over and above any other coverage available to my family. I understand that any other insurance available to my family will provide primary coverage and the church's coverage (subject to the exclusions, limitations, and provisions in the church's policy) may provide secondary or excess coverage. I agree to apply first for my benefits from the coverage available to my family, if any, before applying for benefits available from the church's insurance.

I understand that in the event my child requires medical or dental treatment while engaged in vacation bible school activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent on behalf of the Family Christian Center of Clermont, Inc. with respect to the student ministry as agent for me, to consent to an x-ray exam; injections; anesthesia; medical; dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by the physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state, *either as an outpatient or in any hospital.*

Signature of Parent or Guardian: _____

Date: _____

STORY

TO ETERNITY AND BEYOND