

Christian Family Church ~ Houston

5615 Queenston Blvd., Houston, Texas 77084 Mailing Address: P. O. Box 841446, Houston, Texas 77284

Phone: 832-415-3975 "Transformed by God's Unconditional Love and Grace" www.christianfamilyhouston.org

VBS Registration Form July 24-28th 9:00-12:00

Please fill out the following forms and return to:

Christian Family Church P.O. Box 841446 Houston. TX 77284

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email: suzanne.kaliszewski@christianfamilyhouston.org

VBS Registration Form

Child 1 name:	Gender:
	Last grade completed:
Medications, allergies or medical conditions:	:
	ntion Crew):
Child 2 name	Gender:
Age:Birthdate:	Last grade completed:
	<u> </u>
	ation Crew):
Age: Birthdate:	Gender: Last grade completed:
	Last grade completed
	 ation Crew):
VBS droup (to be completed by VBS Registre	don drews.
Child 4 name:	Gender:
Age:Birthdate:	Last grade completed:
Medications, allergies or medical conditions	·
VBS Group (to be completed by VBS Registra	ation Crew):
	Custodial Parent: YesNo
	Mother's E-Mail:
Mother's Address:	
Father's Name:	Custodial Parent: YesNo
	ather's E-Mail:ather's E-Mail:
Father's Address:	
Emergency Contact Info:	
Names of people authorized to pick-up child	(ren):
I certify the above information is correct.	
Parent/Guardian Signature:	
Parent/Guardian Printed Name:	Date:

Parents/Guardians: Please read the releases below and sign at the bottom. This release is valid until redacted in writing by parents.
Release: To the fullest extent permitted by law, I release <u>CFC Houston</u> , its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless <u>CFC Houston</u> , its trustees officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity. General: I give my consent for my child(ren) to attend meetings, activities, and events, both on site and off site. I will be provided specific event information in advance of any activity that will be taking place off-site.
Medical: In the event of a medical emergency and when a contact cannot be made in a timely manner
to me and/or the emergency contact listed, I give my permission for my child(ren) to receive appropriate medical attention. In the event of an unforeseen emergency or any accidents, I release CFC Houston , its employees and volunteers, and all those related to it, from
any liability. I have provided emergency contact numbers and am assured that I will be contacted as
soon as possible in the event that there is an emergency.
Transportation: Should transportation be needed, I agree to allow my child(ren) to ride with children leaders, another staff member, a volunteer of the church, or a parent. Appropriate safety standards will be maintained and children will always be provided seatbelts. If no such permission is granted, I agree to transport my child(ren) to and from any offsite event. I understand that it is my child(ren)'s responsibility to wear his/her seatbelt.
Leaving the church: I give permission for my child(ren) to leave the church when supervised by the children's/youth leaders for appropriate activities related to church (such as visiting a nearby shop or business, participating in a scavenger hunt, go on a walk, etc.)
Photograph release: Occasionally photos & videos may be taken during VBS, Sunday school, worship, youth group events, or other church activities. I grant permission for CFC Houston
to post photos and videos including my child(ren) on its website or in other church publications.
I agree with the above releases.
Parent/Guardian Signature:
Parent/Guardian Printed Name: Date: