

TRUE NORTH Daysland Alliance Church VBS REGISTRATION FORM

Aug 18-22 2025 9am-Noon

Child's Name: _____

Child's age: _____ Date of birth: mm/dd/yr _____ **School Grade** (going in to): _____

Name of parent(s): _____

Address: _____ City: _____

Postal Code: _____ **HOME PHONE:** _____

Parents' cell phone(s): (1) name _____ # _____

(2) name _____ # _____

Other Emergency contact: Relationship to child : _____

Name: _____ Home # _____ Cell# _____

Parents Email address (optional): _____

Allergies, medical conditions or behavioral concerns we should be aware of: _____

Home church: _____

I/We, the parents or guardians named above, authorize the ministry staff of Daysland Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/We named above, undertake and agree to indemnify and hold blameless the ministry staff, Daysland Alliance Church, its pastor(s) and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Daysland Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Daysland Alliance Church.

Daysland Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our program, to assign the student to the appropriate classes/groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Daysland Alliance Church to limit the information collected, or to view your child's information, please contact us. Consent is also given for child being photographed for use in the program.

**** NOTE:** If you require a specific sign in/sign out method for child drop off/pick up, **you MUST do so**, at registration time on Monday or particular day needed, at Registration Table.

****PLEASE CHECK ONE:** I am okay with my child's picture to be taken during the week of VBS for the purposes of the Spotlight Bible Story and the end of the week slide show. **Yes** **No**

Signature of Parent(s): _____ **Date:** _____
