

**Keystone New Life Alliance VBS 2024
Registration Form**

Student Information

Name: Last _____ First _____

Date of Birth _____ Last grade completed as of June 2024 _____

Does student have any allergies or health conditions? Y or N
Any actions required? Please explain. _____

Parent(s) / Guardian(s)

Name: Last _____ First _____

Primary phone _____ Secondary phone _____

Address _____

Email _____

Siblings:

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Emergency Contacts

1. Name _____ relationship to child _____

Telephone number _____

2. Name _____ relationship to child _____

Telephone number _____

Physician _____

clinic _____

Phone number _____

Dentist _____

Phone number _____

I, the undersigned, do hereby authorize officials of the Keystone New Life Alliance VBS program to contact directly the persons named on this form, and do authorize the named physician / clinic / dentist to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians or other persons named on this form cannot be contacted, VBS officials are authorized to take whatever actions they deem to be necessary, in their judgment, to assure the health of the aforementioned child. I will not hold Keystone New Life Alliance Church nor any of its leaders, teachers, or volunteers financially responsible for the emergency care and / or transportation of said child. I understand that this form will be shared with all VBS leaders, teachers, and volunteers on a need to know basis to protect the health and wellbeing of said child.

Parent / Guardian signature _____

Date _____

Safety is one of our top priorities. No child will be released without the signature of parent / guardian or one of the people listed below. Please list anyone authorized to pick up your child, (must be at least 16 years of age).

Name

Relationship to child

Medications will not be administered by Bible school staff. Please plan accordingly.