

HOLIDAY COMMUNITY FELLOWSHIP CHURCH  
2021 VACATION BIBLE SCHOOL  
July 23, 2021 - 6:00 p.m. to 9:00 p.m.  
July 24, 2021 – 9:00 a.m. – 4:00 p.m.  
Open to children ages 6 - 17

If you have questions, please call MaryAnn Schaediger  
727-638-3834

**PLEASE REGISTER EACH CHILD INDIVIDUALLY**

Name of child: \_\_\_\_\_ Age \_\_\_\_\_

Male/Female M \_\_\_ F \_\_\_ School grade fall of 2018: \_\_\_\_\_

Address of child: \_\_\_\_\_

Name of parent child resides with: \_\_\_\_\_

Phone number of parent/guardian: \_\_\_\_\_

Any special medical concerns? (Please list; continue on back if more room required)

\_\_\_\_\_

Allergies (including food) \_\_\_\_\_

List person (s) responsible for picking up child each day at 8:30 p.m.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Medical Consent Form

This SIGNED consent form must be completed for each child for pre-registration, or anyone accompanying your child at registration.

I, the parent (or guardian) of (child) \_\_\_\_\_ will hold Holiday Community Fellowship Church harmless in the event of any accident or injury of my child. I give my consent to Holiday Community Fellowship, (who will make every effort to contact me regarding the safety of my child), to endeavor to obtain immediate, proper medical treatment, including transportation to a hospital in the event of an emergency. I also understand that all expenses incurred as a result of an accident or injury will be my sole responsibility.

I further give my consent to photograph/videotape my child during the Vacation Bible School events, to be used solely for Holiday Community Fellowship Church publications. No names of minors will be used in any publications.

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

**(Parent or Guardian)**