



# The Chapel in Marlboro VBS Registration Form

NAME \_\_\_\_\_ GRADE ENTERING NEXT FALL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE HOME CHURCH \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ VBS VOLUNTEER? Y / N WHERE? \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

How did you hear about VBS? \_\_\_ Church \_\_\_ Friend \_\_\_ Parade \_\_\_ Flyer \_\_\_ Upward  
\_\_\_ Radio \_\_\_ Newspaper \_\_\_ Other: \_\_\_\_\_

.....  
LIST MEDICATIONS CURRENTLY BEING TAKEN INCLUDING VITAMINS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

- |                                 |               |
|---------------------------------|---------------|
| ___ SEIZURES/CONVULSIONS        | ___ DIABETES  |
| ___ PULMONARY PROBLEMS          | ___ EMPHYSEMA |
| ___ CHRONIC & RECURRING ILLNESS | ___ ASTHMA    |

ANY ALLERGIES/CONDITIONS OF WHICH WE SHOULD BE AWARE:  
\_\_\_\_\_  
\_\_\_\_\_

.....  
PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE \_\_\_\_\_

After an attempt to contact me has been made and has been unsuccessful, my permission is given to the person in charge to secure a licensed physician to provide necessary emergency care.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Second Choice \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

I agree to provide my own insurance and hereby release The Chapel in Marlboro from any and all liability incurred during scheduled activities of The Chapel in Marlboro.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*See back for additional children with same parent/guardian.\*\*\*\*\***

NAME \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE

LIST MEDICATIONS CURRENTLY BEING TAKEN INCLUDING VITAMINS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

\_\_\_\_\_ SEIZURES/CONVULSIONS \_\_\_\_\_ DIABETES

\_\_\_\_\_ PULMONARY PROBLEMS \_\_\_\_\_ EMPHYSEMA

\_\_\_\_\_ CHRONIC & RECURRING ILLNESS \_\_\_\_\_ ASTHMA

ANY ALLERGIES/CONDITIONS OF WHICH WE SHOULD BE AWARE:

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE

LIST MEDICATIONS CURRENTLY BEING TAKEN INCLUDING VITAMINS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

\_\_\_\_\_ SEIZURES/CONVULSIONS \_\_\_\_\_ DIABETES

\_\_\_\_\_ PULMONARY PROBLEMS \_\_\_\_\_ EMPHYSEMA

\_\_\_\_\_ CHRONIC & RECURRING ILLNESS \_\_\_\_\_ ASTHMA

ANY ALLERGIES/CONDITIONS OF WHICH WE SHOULD BE AWARE:

\_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE

LIST MEDICATIONS CURRENTLY BEING TAKEN INCLUDING VITAMINS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

\_\_\_\_\_ SEIZURES/CONVULSIONS \_\_\_\_\_ DIABETES

\_\_\_\_\_ PULMONARY PROBLEMS \_\_\_\_\_ EMPHYSEMA

\_\_\_\_\_ CHRONIC & RECURRING ILLNESS \_\_\_\_\_ ASTHMA

ANY ALLERGIES/CONDITIONS OF WHICH WE SHOULD BE AWARE:

\_\_\_\_\_

\_\_\_\_\_