



111 W. Monument Ave. † Dayton, OH 45402 † (937) 222-4691 † fbc@fbcd Dayton.org

2023 VBS REGISTRATION FORM

"Jesus Stories" - PreK-5th Grade

July 17-21, 2023 - 9:30am-Noon, M-Th & 9:30am-12:30pm, F

*Please don't leave any blanks. Write in either "none" or "not applicable" to complete the form.
(Return completed forms to First Baptist at the address or email above)*

MEDICAL

Name of Child _____ Birth Date _____ Grade (completed) _____

1. Please list any medications that your child is currently taking: _____

2. Please list any allergies or other physical conditions of which we should be aware: _____

3. I/we understand that the staff will have over the counter pain relievers and simple first aid items that will be provided to participants if needed. Please list any first aid ministrations such as aspirin or antibiotic ointment which we should avoid using: _____

4. Last Tetanus Shot _____

5. In case of a medical emergency, I/we understand that every effort will be made to contact the parent or guardian. In the event I/we cannot be reached, I/we hereby give permission to the dentist or physician designated by the staff to hospitalize, secure proper treatment and/or to order an injection, anesthesia, or surgery necessary for your child.

Family Doctor _____

Insurance Co. _____

Phone # _____

Insurance Policy/Group # _____

6. First Baptist Church of Dayton will not be held liable.

7. Alternate Emergency Contact (Alternate means of reaching you in case of an emergency)

Name: _____ Relationship to participant: _____

Address: _____
(include city, state, zip code)

Telephone: Home (____)_____ Work (____)_____ Cell (____)_____

TRANSPORTATION

8. I/we hereby give permission to representatives of First Baptist Church, as a part of the Vacation Bible School program, to walk my child to and from RiverScape on Friday, July 21, 2023 to play in the water fountains and have lunch.

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My/our signature below constitutes agreement with all the terms and conditions listed under Medical and Transportation above.

Signature of parent/guardian of above named child

Date

Address: _____
(include city, state, zip code)

Telephone: Home (____)_____ Work (____)_____ Cell (____)_____

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☐ Please check here if you do not wish to have photographs of your child used in printed or electronic First Baptist Church, Dayton publications.

Note: It is critical that the Youth Pastor (Rev. Jason Alspaugh) or VBS Coordinator be notified and a new permission form be filled out if any of the information on this form changes.

