

VBS REGISTRATION FORM 2026-EMERALD CROSSING

AGE RANGE-3 years (potty trained) to sixth grade.

Child Information

First Name *

Last Name *

Gender *

Date of Birth *

School Grade Entering *

Home Address *

Home Address Line 2

Home City *

Home State *

Home Zip Code *

Email Address

Emergency Contact/ Authorized Pick-up Person *

Parent Information

Father/ Guardian Name *

Father/ Guardian Mobile Phone Number *

Mother/ Guardian Name *

Mother/ Guardian Mobile Phone Number *

Medical Information

Allergies

- Gluten
- Dairy
- Peanuts/Tree nuts
- Soy
- Bees
- Shellfish

Medical Condition

Emergency Contact

Please list at least one emergency contact in the event that you cannot be reached.

Emergency Contact Phone Number *

**Emergency Contact/ Authorized Pick-up Person
(additional)**

Emergency Contact Phone Number

Permissions

We take pictures during VBS activities. We would like your permission to use these pictures in PowerPoint presentations to our church membership, church website, and our church's social media. We will not reference your child by name or provide specific information regarding your child. The pictures will only be used by NLFWC (New Life Family Worship Center) to show the many ways are children and youth participate in VBS.

Photo Permission *

Yes, I grant my permission to use photos of my child on NLFWC PowerPoint presentations, website, and social media.

No, please do NOT take or use my child's photo.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases New Life Family Worship Center and its staff of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by New Life Family Worship Center. I/We understand that there are inherent risks involved in any ministry or athletic event and I/we hereby release New Life Family Worship Center, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by New Life Family Worship Center, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the ministry staff member/lead volunteer.

By typing your full name here you consent that you are the legal guardian of this child and have thoroughly read the information above including the liability waiver.

Parent/ Guardian Signature *

Date *

mm/dd/yyyy