



Hillcrest Baptist Church

For Ages PK – 6th Grade

Child's Name: _____ AGE / GRADE _____ / _____

Parent's Name: _____

Address: _____

Email Address: _____ Phone: _____

Church Regularly Attends: _____

Name of person allowed to pick-up: _____

Allergies/Info we need to be aware of: _____

Alternate Emergency Contact: _____ Phone: _____

*While every effort will be made to insure a safe environment and safe activities during our Vacation Bible School program, Hillcrest Baptist Church, staff, or volunteers shall not be held liable in the event of an accident or injury to my child. Furthermore, I give my permission for Hillcrest Baptist Church staff to act on my behalf to authorize medical care for my child if I cannot be reached, and I also understand and agree that I am to accept full financial responsibility for such care.

SIGNED: _____ (Parent or Legal Guardian)