## Mount Pleasant Baptist Church Board of Christian Education Vacation Bible School

Rev. William E. Morgan, Pastor

"Mount Pleasant: Moving from Discipleship to His Lordship" Ephesians 4:15

Jesus the Kingdom Builder: Strong Families, Churches & Communities "For he looked for a city which hath foundations, whose builder and maker is God." Hebrews 11:10 (KJV)

**Vacation Bible School-Student Registration Form** 

We are currently accepting applications for the 2018 Vacation Bible School (VBS) to be held July 16<sup>th</sup> - 20<sup>th</sup> and July 23<sup>rd</sup> - 27<sup>th</sup> from 8:00AM - 4:30PM at Mt. Pleasant Baptist Church. We will be accepting 40 students, so space is on a first come first serve basis. Because there is no charge for participation, we rely heavily on volunteers to provide a program that is instructive, creative, and fun. Parents/guardians with children in VBS must volunteer at least one ½ day while their child (ren) is/are in attendance. Please take time to complete the information below and return by **June 24, 2018**. If you have questions or need additional information, contact Nia Romain at 518-369-0984 or via email at NiaRomain@gmail.com.

| Student Name: Cell Phone: Mailing Address:  |         |        |         |      | Home Phone: Email Address: |       |     |             |       |       |      |                |          |     |          |
|---|---------|--------|---------|------|----------------------------|-------|-----|-------------|-------|-------|------|----------------|----------|-----|----------|
| AgeParent(s)/   | Guardia | ins    |         |      |                            |       |     | Last Grade  | Cor   | nplet | ted_ |                |          |     |          |
| Parent(s) Emergence   |         | ct (na | me a    | nd n | umbe                       | er) _ |     | Parent's Ce | 11 #_ |       |      | E              | -mail_   |     |          |
| Special   |         | List   |         |      |                            | N     | Vot | e           |       |       |      | T-Sh           | irt Size |     | le one): |
| <b>Condition Allergies</b>  | S       |        |         |      |                            |       |     |             |       |       |      | 3              | IVI      | L A | L        |
| Dietary   |         |        |         |      |                            |       |     |             |       |       |      |                |          |     |          |
| Medical   |         |        |         |      |                            |       |     |             |       |       |      |                |          |     |          |
| Medicine (including dosage)  Please check which sessions and days your child will be attending:   |         |        |         |      |                            |       |     |             |       |       |      |                |          |     |          |
| Time  | July 16 | 5 - 20 | M       | T    | W 1                        | Н     | F   | July 23-27  | M     | T     | W    | TH             | F        |     |          |
| 8:00-4:30   |         |        |         |      |                            |       |     | ,           |       |       |      |                |          |     |          |
| Please indicate which day you or a representative will be volunteering in the Vacation Bible School (We especially need volunteers Monday through Thursdays)  Please list the names and telephone numbers of the individuals who are authorized to pick up your child |         |        |         |      |                            |       |     |             |       |       |      |                |          |     |          |
| Name  |         |        |         |      | Relationship to child      |       |     |             |       |       | C    | Contact Number |          |     |          |
|   |         |        | <u></u> |      |                            |       |     | ·           |       |       |      | ·              |          |     | ·        |

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| Tell us  |
|--|
| 1. What are some of your child's favorite things?  |
|  |
|  |
| 2. What are some of your child's dislikes?   |
|  |
| 3. What name does s/he prefer to be called?  |
|  |
|  |
| 4. How would we know when your child is angry?   |
|  |
|  |
| 5. What is child's best part of day morning, noon or evening?  |
| 6. Please share any additional information about your child that may be helpful to us in working with your child |
|  |
|  |
|  |
|  |
| 7. Questions? Comments? Concerns?  |
|  |
|  |
|  |

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(KJV)

Permission and Medical Slip

| Field Trip Conse   | <u>ent</u>   |   |
|--------------------|--|---|
| scheduled outing   | will require using public transprip accompanied by adult chape | permission to attend field trips with the asant Baptist church (MPBC). I understand that some ortation. In some cases, participants will walk to rones. I give consent for my child to participate in all |
| Medical Consen     | <u>t</u>   |   |
| in the event of in |  | n for MPBC staff to seek medical treatment for my child<br>more, I will not hold MPBC liable for any injuries,<br>nt are on or off the premise.   |
| In case of an eme  | ergency, the following individua                               | l(s) should be contacted:   |
| Name               | Phone number   | Relationship to Child   |
|                    |  |   |
| Medical Provide    | er (CDPHP, Empire, etc.)                                       |   |
| Primary Insura     | nce cardholder (e.g. Matthew                                   | Brown, LaVonne Jenkins)   |
|                    |  |   |
| Additional Info    | rmation  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |
|                    |  |   |

Parent(s)/Guardian(s) Name and Signature