

**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

GLOW FOR JESUS! Let your light shine

“Let your light shine before men, that they may see your good works, and glorify your Father which is in heaven.” Matthew 5:16 (KJV)

Vacation Bible School-Student Registration Form

We are currently accepting applications for the 2017 Vacation Bible School (VBS) to be held July 24-28 and July 31-August 4th 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 26, 2017**. If you have questions or need additional information, contact Sister Tanya Randolph at 506-0760 or Deaconess Doris Waiters 518-369-1618.

Student Name: _____
Cell Phone: _____
Mailing Address: _____

Home Phone: _____
Email Address: _____

Age _____ **Last Grade Completed** _____
Parent(s)/Guardians _____
Parent(s) Work # _____ **Parent’s Cell #** _____ **E-mail** _____
Emergency Contact (name and number) _____

Special Conditions	List	Note
Allergies		
Dietary		
Medical		

T-Shirt Size (circle one):
S M L XL

Medicine (including dosage) _____

Please check which sessions and days your child will be attending:

Time	July 24-28	M	T	W	TH	F	July 31-Aug. 4	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	Contact Number

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Deaconess Doris Waiters, Director
Sister Tanya Whitehead, Coordinator

Rev. William E. Morgan, Pastor

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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

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Permission and Medical Slip

Field Trip Consent

I _____ give my child _____ permission to attend field trips with the Vacation Bible School (VBS) staff of Mount Pleasant Baptist church (MPBC). I understand that some scheduled outing will require using public transportation. In some cases, participants will walk to designated field trip accompanied by adult chaperones. I give consent for my child to participate in all VBS sponsored events except _____.

Medical Consent

In case of a medical emergency, I give permission for MPBC staff to seek medical treatment for my child in the event of injuries and/or accidents. Furthermore, I will not hold MPBC liable for any injuries, accidents, and deaths that may occur while student are on or off the premise.

In case of an emergency, the following individual(s) should be contacted:

Name	Phone number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Provider (CDPHP, Empire, etc.) _____

Primary Insurance cardholder (e.g. Matthew Brown, LaVonne Jenkins)

Additional Information

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