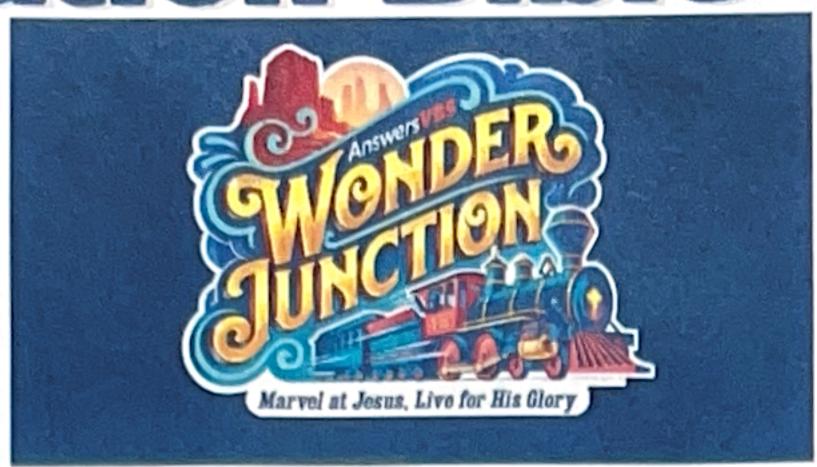
Vacation Bible School

Hilltop Baptist Church 6915 Palmer Park Blvd. Colorado Springs, CO 80915 719-439-9578 hbccsco@gmail.com www.hilltopbaptistcos.com

Parent's Signature _____



June 16-June 20, 2025 9 AM to Noon K-4 - thru 6 Grades Director Mel Carney

Vacation Bible School Registration (One form per child, please.)

Student First & Last Name:		
Nick Name:		Birthdate
Gender: Male Female Grade entering		
Home Church (if applicable):		
Allergies:		
Medical Issues or Special Needs:		
It would be nice if my child is placed in same gro	up as (child's name	e):
Parent Name:		
Address:		
City: State:		
Email:		
Home Phone Number:		
Cell Phone Number:		
Other Phone Number:		
Emergency Contact:		
Emergency Phone:		
Alternate Pickup Name:		
Alternate Pickup Phone:		
General Information:		
Permission to Attend: I give permission for my child	(named above) to a	attend the Vacation Bible School (VBS) listed
above. I understand that the information I give for the		
all registration information will be removed from the	e hosting site by De	cember 31 of this year.
Parent's Signature		date
Medical Release: I give my permission for the VBS st	taff to administer ba	asic first aid to my child (named above) in the
event of an injury. I understand that the VBS staff wi	ill contact emergen	cy services in the event of a significant injury and
all expenses for such emergency services will be paid	d by me.	
Parent's Signature		date
Photo Release: I hereby grant the above named chu	rch permission to c	opyright and use photographs/videos taken at
VBS of the minor designated above in any manner o	r form for any purp	ose lawful at any time. I waive any right that I
may have to inspect or approve the finished product	t or written copy, th	hat may be used in conjunction therewith, or the
use to which it may be applied.		

date