

# RESTORATION OUTREACH HEALING MINISTRY – VBS REGISTRATION FORM

Our *Vacation Bible School* will take place on **Monday, July 21<sup>st</sup> through Friday, July 25<sup>th</sup>**

**Restoration Outreach Healing Ministry,  
120 A Market Street, Onancock, VA 23417**

Vacation Bible School will run from 6:00 – 8:00 p.m. and will include stories, crafts, snacks, music, games, and more!

A registration form will need to be completed for each participant.



## Please Complete and Return

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies: Y N List: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Permission to Photo/Release (Please Initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Permission: In the event that the parent guardian or emergency contact cannot be reached in an emergency, I hereby \_\_\_\_\_ **give permission** \_\_\_\_\_ **do not give permission** to the physician selected by the VBS directors to hospitalize and/or secure proper treatment for my child.

By signing below, the parent/guardian gives permission for his or her child to participate in the above named activities during Restoration Outreach Healing Ministry's Vacation Bible School, (July 21-25).

VBS Drop-off Time: 5:45p.m. – 6:00 p.m.

VBS Pick-up Time: 7:45 p.m. – 8:00 p.m.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please List Names of Individuals Authorized to Pick-up Your Child

_____	_____
_____	_____
_____	_____