



Vacation Bible School Registration

OPERATION ARTIC

Exploring the Coolest Book on the Planet!

Draper's Valley Presbyterian Church

June 25 - 29, 2018

9 A.M. to 12 Noon

(Age 3 thru 11)

Child's Name: _____ Boy / Girl

Address: _____ City _____ Zip _____

Home Phone: _____ Cell: _____ Work: _____ Email: _____

Grade completed in School _____ Age _____ Birthday _____

Parent(s) Name: _____ Home Church _____



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LIABILITY AND EMERGENCY MEDICAL RELEASE

I understand that Draper's Valley Presbyterian Church and / or its staff, members and leaders are not liable for illness or injury. I grant them full authority to secure immediate medical attention for my child, _____ in case of emergency.

Parent or Guardian Signature: _____

Does your child have any allergies or medical conditions that we need to be aware of?

Doctor's Name: _____ Phone: _____

Gail Dawson, Director (540 980-2749 - home, 540 616-6898 – cell or marinemommi@yahoo.com - email)

(Place registration form in the basket on the vestibule table or basket on stage in Fellowship Hall)

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