



**Park Lake Presbyterian Church
Vacation Bible School Aftercare
Registration Form**

July 11- 15, 2016

One form per child

AVAILABLE FROM 12 noon UNTIL 5:30 pm
309 East Colonial Drive • Orlando, FL 32801
407-841-6550 • www.plpc.org

Please circle the days your child will attend VBS Aftercare: M T W Th F

Approximate time of pick up: each day _____ (latest is 5:30 pm)

Child's Information:

_____ Last name

_____ First name

_____ Age

_____ M/F Gender

_____ Birthdate

_____ Phone number

_____ Address

_____ City

_____ State

_____ Zip Code

Parent/Guardian Information:

_____ Last name

_____ First name

_____ Relationship to child

_____ Work phone number

_____ Cell phone number

_____ Address (if different from above)

_____ City

_____ State

_____ Zip Code

Other children attending VBS Aftercare: _____

Names and grade level

Please list any other Parents/Guardians/Persons* who have permission to pick up your child:

_____ Name

_____ Relationship

_____ Contact phone number

_____ Name

_____ Relationship

_____ Contact phone number

_____ Name

_____ Relationship

_____ Contact phone number

*Child will only be allowed to leave with authorized individuals listed above.

Please list all of the child's medical information below

Doctor	Phone number	Dentist	Phone number
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Any concerns or physical limitations:

Please list all known health problems, medical conditions and medications:

Please read and initial below:

_____ In case of a minor accident or illness, I request Park Lake Presbyterian Church contact me or any of my listed authorized guardians/persons and follow the instructions given by me or any of my listed authorized guardians/persons to respond to such minor accident or illness. Any listed authorized guardian/person has authority to care for my child.

_____ In the event of my child suffering a life threatening accident or illness, I permit Park Lake Presbyterian Church to contact 911 emergency medical systems immediately. I hereby give my permission for the emergency team to perform any and all treatment necessary for my child's well being. This includes necessary transport to the nearest medical facility. I agree to be financially responsible for my child's care and treatment.

Aftercare Policy:

- A VBS Aftercare Registration Form must be filled out for each child who wishes to attend VBS Aftercare.
- Cost: \$25 per day, per child. If child is attending Aftercare for the entire five days, the cost is capped at \$100. All costs are payable in advance at VBS registration table.
- Your prompt pick-up by 5:30 p.m. is appreciated.
- Parents/Guardians are to provide a bag lunch for their child. Park Lake Aftercare will provide an afternoon snack and water. Parents/Guardians will provide for special diets.

Please sign and date below to signify your agreement, authorization and release from above. Thank you.

Parent/Guardian signature	Date
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