

# Park Lake Presbyterian Church Vacation Bible School



## Aftercare Registration Form

July 9 - 13, 2018

\*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:

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

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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.
- Parent/Guardian will pick-up their child no later than 5:30 p.m. \$10 late charges will apply.
- Parent/Guardian will provide a bag lunch AND an afternoon snack and drink for their child.

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

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Parent/Guardian signature	Date
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