

Park Lake Presbyterian Church Vacation Bible School

Aftercare Registration Form

July 10 - 14, 2023

Space is Limited - First Come Basis

One form per child

Available from 12 noon until 5:30 pm daily
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:

First name

Last name

Age

Gender

Birthdate

Phone number

Address

City

State

Zip Code

Parent/Guardian Information:

First name

Last 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 |
|--------|--------------|---------|--------------|
|--------|--------------|---------|--------------|

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 of VBS, the cost is \$125. All costs are payable in advance.
- Parent/Guardian will pick-up their child no later than 5:30 pm. \$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.

| | |
|---------------------------|------|
| Parent/Guardian signature | Date |
|---------------------------|------|