

Chain of Lakes Church  
**Vacation Bible School**

August 6-9, 2012  
5:30 p.m. – 8:00 p.m.

**Marketplace 29 A.D.**



One form per child please.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Boy  Girl

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any allergies (including food allergies) that the VBS staff should be aware of:

\_\_\_\_\_

Emergency contact name (in case the parent/guardian cannot be reached):

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name of Parent/Guardian (please print):

Name: \_\_\_\_\_

Parent/Guardian

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

**Photography Release**

I hereby give permission for photographic images of my child, taken during regular and special activities at Chain of Lakes Church to be used for the purpose of promoting Chain of Lakes Church programs, and waive any rights of compensation or ownership thereto.

I do not wish photographic images of my child be used for the purpose of promoting Chain of Lakes Church programs.

**Mail form to:** Chain of Lakes Church, 4175 Lovell Road, Suite 115, Lexington, MN 55014  
**763-208-8049 www.colpres.org**