

# Wooddale Church Walk in VBS Registration Form

## PARENT INFORMATION

Parent's Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Home Church: \_\_\_\_\_

Child # 1  Boy  Girl Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Age: \_\_\_\_ Grade Completed: \_\_\_\_ Friend Request: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE Group Assignment: \_\_\_\_\_

Child # 2  Boy  Girl Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Age: \_\_\_\_ Grade Completed: \_\_\_\_ Friend Request: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE Group Assignment: \_\_\_\_\_

Child # 3  Boy  Girl Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Age: \_\_\_\_ Grade Completed: \_\_\_\_ Friend Request: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

\_\_\_\_\_

OFFICE USE Group Assignment: \_\_\_\_\_

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## Wooddale Church Medical Release for Summer Day Camps

I hereby give permission for the indicated children to attend summer camps at Wooddale Church, 6630 Shady Oak Road, Eden Prairie, MN 55344 OR Wooddale Church Edina, 5532 Wooddale Avenue South, Edina, MN 55424, 952-944-6300. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located, the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. I understand that my own medical insurance will be the primary coverage.

Parent Signature: \_\_\_\_\_

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

## Emergency Information

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Health Insurance Firm: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name Policy is under: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Office Use Only Entered?