

Please complete this form for each child attending.

### Alto Reformed Church Student Information & VBS Registration

Child's Name (first and last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Grade in School/Entering This Year \_\_\_\_\_ Birth Date \_\_\_\_\_

T-shirt size (for VBS) Circle: XS S M L XL adult: S M L XL

**\*\*shirt sizes cannot be guaranteed if submitted after July 1st**

Name(s) of Sibling(s) Attending (and grade/age) \_\_\_\_\_

Allergies/Medical Conditions (circle): N/A See reverse side

**\*\* (Details of Allergies or Medical Condition-please fill out Medical Alert Form on back)**

Parent Name(s) \_\_\_\_\_

Contact Phone(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Are you on the Alto Reformed Church prayer chain/cancellation list? (circle all that apply)

Yes-email Yes-phone No-please add me No-don't add me

Emergency Contact (if parent cannot be reached) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*In signing this form, I understand that Alto Reformed Church values the safety of my child, and I release the church and any of its participants from legal responsibility for my child.*



I DO NOT want my child's picture taken or posted on the church website/facebook page.

**For VBS Students:**

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

Is there a friend this child would like to be grouped with? \_\_\_\_\_

*(We cannot guarantee these requests, but we will do our best.)*

## ARC Medical Alert Form

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

Allergy/Condition: \_\_\_\_\_

\_\_\_\_\_

Reactions/Symptoms Observed: \_\_\_\_\_

\_\_\_\_\_

Action Required (medications, etc):

\_\_\_\_\_

\_\_\_\_\_

Other Significant Medical History for the ARC staff to be aware of: \_\_\_\_\_

\_\_\_\_\_

Additional Emergency Contacts (if necessary):

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

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

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

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

I give permission to notify teachers and other volunteers at the ARC of my child's allergy or condition.

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

\*\*Upon receipt of this form the Christian Education Director will contact the family for follow up in order to establish a plan, education, or procedures for the child.