

**Calvary Chapel of Rancho Santa Margarita  
VBS Registration Form**

**\$45 1<sup>st</sup> Child \$40 Each Additional Sibling**

Page 1 of 2

Name of parent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone 1 \_\_\_\_\_ 2 \_\_\_\_\_

Parent email \_\_\_\_\_

Name of child \_\_\_\_\_

Gender: (circle one) M | F      Grade entering \_\_\_\_\_      Age \_\_\_\_\_

Does your child have a friend they would like to be placed with? (circle one) Yes | No

If yes name of child: \_\_\_\_\_

Allergies: (circle one) Yes | No

Please list any allergies: \_\_\_\_\_

Please list any medications child is taking: \_\_\_\_\_

Please list any medications child is allergic to: \_\_\_\_\_

Hospital to use in case of emergency: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Alternate pick up full name: \_\_\_\_\_

1<sup>st</sup> Alternate pick up phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate pick up full name: \_\_\_\_\_

2<sup>nd</sup> Alternate pick up phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Separate "Allergy Notification Form" filled out? (circle one) Yes | No

Separate "Medical Consent Form" filled out? (circle one) Yes | No

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

Please fill out one form for each child.

**Calvary Chapel RSM**  
**CONSENT FORM CALVARY CHAPEL Rancho Santa Margarita**

Minor's name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, request that my child \_\_\_\_\_ be permitted to participate in Vacation Bible School

x \_\_\_\_\_ x \_\_\_\_\_  
Signature of Parent or Guardian Date

**AUTHORIZATION/CONSENT FOR MEDICAL TREATMENT**

I, as the parent or guardian of the child named on the above consent form, do hereby authorize Calvary Chapel Rancho Santa Margarita, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by and is licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered to the office of said physician or at said hospital, and release Calvary Chapel Rancho Santa Margarita of any and all liability with regard to the aforementioned authorization and/or treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment, may deem advisable.

x \_\_\_\_\_ x \_\_\_\_\_  
Signature of Parent or Guardian Date

Emergency numbers \_\_\_\_\_

Medical problems and allergies we should be aware of? (If necessary please attach an additional "Allergy Notification" page \_\_\_\_\_)

Is it okay to give your child Tylenol for headaches, pain, etc.? \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_

Please fill out one form for each child.

**ALLERGY NOTIFICATION**

**\*PLEASE READ COMPLETELY BEFORE SIGNING IN ONE PLACE ONLY\***

**My child \_\_\_\_\_ is allergic to the following**  
**(Child's name)**

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\_\_\_\_\_  
**Parent's Signature**

**My child \_\_\_\_\_ has no allergies that I am aware of.**  
**(Child's name)**

\_\_\_\_\_  
**Parent's Signature**

Please fill out one form for each child.



## CCRSM 2017

Calvary Chapel Rancho Santa Margarita

Vacation Bible School

### Photo Release for Children Under 18 Years of Age

I hereby grant to Calvary Chapel Rancho Santa Margarita and to its employees, agents and assigns the right to photograph my dependent and use the photo, video and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet including social media sites such as Facebook, Instagram, Twitter, Yelp, ect.

Student's Printed Name: \_\_\_\_\_

- I agree to these terms and conditions of the photo release.
- I DO NOT agree to these terms and conditions of the photo release.

I certify that I am a custodial parent and have the aforementioned rights to sign.

Signature of  
Parent or Guardian: \_\_\_\_\_

Print Name of  
Parent or Guardian: \_\_\_\_\_

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

Please fill out one form for each child.



Calvary Chapel Rancho Santa Margarita

Kid's Kingdom/ Calvary Chapel Vacation Bible School

Release for transference of Children

I hereby grant to Kid's Kingdom Preschool and to its employees/ agents and assign the right to transfer my dependent from Kid's Kingdom preschool to Calvary Chapel Vacation Bible School.

Student's Printed Name: \_\_\_\_\_

I agree to these terms and conditions of the transfer release.

I certify that I am a custodial parent and have the aforementioned rights to sign.

Signature of  
Parent or Guardian: \_\_\_\_\_

Print Name of  
Parent or Guardian: \_\_\_\_\_

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

Please fill out one form for each child.