**Vacation Bible School HOPAR CHURCH**

**July 31st – August 4th 2023**

**Registration Form**

**STUDENT AND FAMILY INFORMATION**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Male Female

Grade in Fall of 2023\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (Including Dietary), Health Concerns, Activity Restrictions: (Please list all that apply)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we text this number? Y / N Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
**Parent/Guardian #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we text this number? Y / N Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

In the event of an emergency and you cannot be reached, please give a name and phone number of an Authorized/Designated individual to make emergency decisions.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL AND INSURANCE INFORMATION**

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # of PCP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child bringing any medication with him/her? \_\_\_Yes \_\_\_ No

(If so, what medication and what times to take medication)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All prescription and non-prescription medication should be brought to the *Auditorium Theater* in original containers.** A Hopar church staff member will administer the medicine based on your schedule above. Medications will be given to staff when child arrives in the morning. *I give my consent to Hopar staff to administer* the following over-the-counter medication to the above named child in the prescribed dosage and time increments indicated by the medication’s package label. I also give permission to Hopar staff to treat my child for minor First Aid injuries such as cuts and scrapes. Check the following over-the-counter medication Roc City Impact staff is allowed to administer:

Ibuprofen\_\_\_\_ Aspirin\_\_\_\_ Tylenol\_\_\_\_ Advil\_\_\_\_ Benadryl\_\_\_\_ Pepto-Bismal\_\_\_\_

**Personal Information**

Has your child experienced any emotional or physical trauma in the last year? And/or shown any recent behavioral problems at school or home? If so, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VBS POLICIES**

**Discipline Policy**

Hopar believes in creating a safe and loving atmosphere. The discipline policy is based on respect – respect for staff, others, property, and self. I understand that during the camp day, disciplinary actions may occur if my child does not promote a loving atmosphere. I give permission Hopar staff members to follow the Hopar Discipline Policy which includes: Warning, Time Out of Class/Activity, and a phone Call Home. Hopar has a zero-tolerance policy for fighting.

**Photo Release**

I understand that pictures and video will be taken at VBS to use in promoting Hopar church as well as Roc City Kids (a day camp on Saturdays at Hopar). I give permission for photographs and videos of my child to be used by Hopar Church..

**RELEASE SIGNATURES  
  
Emergency Medical and Liability Release**

My signature indicates that in the event that 1) a parent or legal guardian or emergency contact identified above cannot be reached or 2) if immediate medical attention is necessary, I consent to have the Roc City Impact staff and leaders act on my behalf and I hereby grant permission for emergency treatment to be administered until a parent/guardian or emergency contact can be reached. I agree not to hold Urban Impact or any staff leader liable for decisions for emergency medical treatment made under this authorization, for any accident or loss to the student, however caused.

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

**Permission Release**

My signature indicates that I have read and do agree to the conditions listed on this form, and that I have given accurate and necessary information regarding the above named child. I give consent to the items listed above: Medical Distribution, Discipline, and Photo Release.

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