Emerald Crossing Vacation Bible School
August 17-21, 2026

PARENTS INFORMATION (please print)

Last Name: _____

First Name: _____

Address: _____

Evening Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about VBS? _____

Can we post photos or video of your child(ren) online?
Yes / No (circle one)

Do you have a home church that you are a part of?
Yes / No If yes, which one? _____

Any Special allergies or conditions to be aware of?
_____
_____
_____

CHILD #1
Last Name: _____

First Name: _____

Age: _____ Grade: _____

Birthday: _____

CHILD #2
Last Name: _____

First Name: _____

Age: _____ Grade: _____

Birthday: _____

CHILD #3
Last Name: _____

First Name: _____

Age: _____ Grade: _____

Birthday: _____

CONSENT

I, _____, the legal guardian, or representative of the legal guardian, of the above named child(ren) authorize the Whitehorse Church of the Nazarene to care for the administration of first aid treatment for any minor injuries my child receives during the event. If the injury sustained is life-threatening, or in need of emergency treatment, I authorize the leadership of the Whitehorse Church of the Nazarene to summon any or all professional emergency personnel to attend, transport, and treat my child.

I agree to hold harmless any staff, assistants, directors, and volunteer workers of the Whitehorse Church of the Nazarene from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization.

Signature: _____

PRAYER

We are here for your child. We are also here for you. If there is a situation in your family that we can pray for, we welcome your prayer needs and promise to hold your prayer needs confidential. There will be a team of people dedicated to praying during V.B.S. If there is something we can pray about; please include it below.

_____
_____
_____
_____