

**Crow Hill Bible Church, Friendship Baptist Church, Pine
Community Church & Platte Canyon Community Church
present . . .**

Community Vacation Bible School @ *Deer Creek
Christian Camp*

July 13—17

**Games! Crafts! Cool speakers!
Bible Stories! Camp adventures!**



Child's Name _____

Parent/Guardian Name _____

Address _____

Phone Numbers:

Home _____ Work _____ Cell _____

E-mail: _____

Age Information:

Birth date _____

or

Last grade completed in school: _____

Medical Information:

Medical or other information we need to know (Please include any food allergies.)

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information:

Who may pick up your child at the end of each VBS day?

Other Information:

Do you attend Sunday School? If so where?

In signing this document, I hereby certify that the above information is correct and give permission for the use of photographs including my son/daughter to be used in church publicity. On the behalf of my child participant, I assume all risk of personal injury, damage, and expense as the result of participation in the Community VBS. I authorize staff to obtain proper medical diagnosis, hospitalization, secure proper treatment for, and to order injection, anesthesia, or surgery of my child as named above, and assume the responsibility for all medical bills, if any.

Authorized signature (required) _____ Date _____

**Parents, register your child (K - 5th grade)online at
www.crowhillbiblechurch.com, at a participating church or call
303-838-2259**