



VBS 2020
REGISTRATION FORM

For children who have completed
PreK4 – Grade 5

OFFICE USE ONLY

VBS ONLY _____
Extended Day _____
QB Date: _____
BF _____

**The deadline to register for VBS and Extended Day is May 31st.
Walk-ins will be accepted June 8th - 12th on a space available basis.**

Child Information

Name (Last) _____ (First) _____ (Middle Initial) _____

DOB _____ Male/Female ____ Grade Completed as of June 2020 _____

Family Information

Address _____

Street

City

State

Zip

Parent/Guardian 1

First Name _____ Last Name _____

Email _____

Primary Phone _____ Alternate Phone _____

Relationship to Child _____

Parent/Guardian 2

First Name _____ Last Name _____

Email _____

Primary Phone _____ Alternate Phone _____

Relationship to Child _____

Emergency Contact if Parents/Guardians cannot be reached:

1. Name _____

Phone _____ Relationship to Child _____

2. Name _____

Phone _____ Relationship to Child _____

3. Name _____

Phone _____ Relationship to Child _____

I acknowledge that any person listed above is authorized to pick up my child from Wayside Baptist Church VBS and/or Extended Day Programs. _____

Print Name

Signature

I give Wayside Baptist Church staff permission to enter my child's basic information on the Answers in Genesis Wayside VBS webpage for the purpose of generating attendance. ___ Yes ___ No

Which church does your family attend? _____

How did you find out about our VBS? _____

Medical Care Information:

Please list any allergies, learning disabilities, emotional or physical conditions: _____

Please Note: Medications will not be administered during VBS and Extended Day hours by any Wayside staff member or any individual other than the child’s parent/guardian. The ONLY exception will be for any life-threatening allergic reaction. An EpiPen or other allergy medication must be given to the VBS office staff and will be kept in the Kidz Ministry office.

Emergency Treatment Permission - Please Read and Sign Below

Informed consent for Emergency Treatment: In case of an Emergency and if I cannot be reached, I authorize the staff of Wayside Baptist Church to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether my medical insurance would cover such charges or fees.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Photograph/Video Release

By selecting YES below, you agree to the following statement: I hereby give Wayside Baptist Church and those acting under permission, the absolute right and permission to use or publish photographic portraits of the above name in which they may be included in whole or in part, or composite or reproduction, in color or otherwise made through media, for any lawful purpose. Pictures/videos are to be taken in the presence of Wayside Baptist Church Children's Ministry Staff and pictures chosen must have the Children's Director approval. I hereby waive any right to inspect and/or approve the finished product.

Yes No

Check-in Registration

Wayside has chosen *Kidcheck* as our secure check-in system. All children are to be registered on this site before VBS begins to expedite check-in the first day of VBS. You may do so from home by visiting <https://go.kidcheck.com>.

FOR EXTENDED DAY CHILDREN ONLY

Extended Day Schedule and Payment

Registration Deadline: Sun., May 31st. Later registrations will be considered only if space is available.

Check the time(s) your child will attend: 8:00 – 9:00A 12:30 – 6:00P

Cost: \$80.00 (lunch included)

Payment: Payments are to be made by Sun., May 31st. Missing the deadline may result in loss of your child’s space. Payments may be made via check payable to Wayside Baptist Church or online at

<https://waysidemiami.org/> and select GIVE at the top right. A processing fee will be charged for online payments.