

**East Memorial Baptist Church**  
**1320 Old Ridge Rd Prattville 365-7500**  
**June 17-21, 2019 9:00 am – 12:00pm**

**Classes available for K5 - 8th Grade**



Child's Name \_\_\_\_\_ Male      Female

Grade (2019-2020 School Year) \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_ Home Church \_\_\_\_\_

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

Transportation Needed? Pick-up only      Drop-off only      Pick-up **&** drop off

Parent's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Contact # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

Special Needs/Food Allergies/ Medical Concerns: \_\_\_\_\_

Alternate Name & Phone Number of Person(s) authorized to pick up my child \_\_\_\_\_

DO NOT RELEASE TO \_\_\_\_\_

I give consent for EMBC to use photographs/videotapes of this minor taken during the course of VBS for publicity or promotion.

I DO NOT give consent for EMBC to use photographs/videotapes of this minor taken during the course of VBS.

My child has permission to participate in the activities at East Memorial Baptist Church 2019. I understand in event of a medical emergency involving this student, attempts will be made to contact me, time and conditions permitting and that in the event I am not available, I give permission for a sponsor of East Memorial Baptist Church to seek medical treatment required in my absence and agree to pay for any such services rendered.

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