

FIRST CHRISTIAN CHURCH VACATION BIBLE SCHOOL 2022

JUNE 25
9:00 AM - 2:00 PM
(LUNCH SERVED)



201 WEST THIRD ST.
MARYVILLE, MO
660-582-4101

fccmaryvillevbs@gmail.com

Child's name: _____

Age: _____ Date of birth: _____

Last School Grade Completed: Preschool K 1st 2nd 3rd 4th 5th

Preschoolers HAVE to be at least 3 years old AND potty trained

Address: _____ City: _____

Home telephone: (____) _____ Home e-mail address: _____

Mother/Caregiver: _____ Cell Number: _____

Father/Caregiver: _____ Cell Number: _____

Food Allergies: NO YES Please list: _____

Other Allergies: NO YES Please list: _____

Other Medical Conditions/Limitations, Please list: _____

In case of emergency, contact: (Please list someone in addition to parents/caregiver)

Name: _____ Phone Number: _____

Home church: _____

First Christian Church - Maryville, MO

VBS Photo Release Form

Student's Name: _____

YES NO **Photo Release Form.** I grant to First Christian Church (DOC), Maryville, MO, its representatives and employees the right to take photographs of me and my property in connection with the First Christian Church (DOC) Maryville, MO, activities. I authorize First Christian Church (DOC) Maryville, MO, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First Christian Church (DOC) Maryville, MO, may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content until such time that I notify First Christian Church (DOC) Maryville, MO, otherwise.

Parent/Guardian Signature: _____ Date: _____

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