

Heritage Baptist Church, Post Falls, ID
Permission Form: Vacation Bible School
July 22-25, 2019

Child's Name: _____ Age: _____

Last school grade completed: _____ Date of Birth: ___/___/___

Parent/Guardian Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Numbers:

Home: _____ Cell Phone: _____

Email: _____

Emergency Contact Information: (if different than Parent/Guardian)

Name: _____ Relationship: _____ Phone: _____

Allergies or special needs:

May we have your permission to use your child's picture in our church bulletin or video regarding VBS?

Yes _____ No _____

By signing, I give my child permission to participate in any and all church Vacation Bible School activities.

Parent/Guardian: _____ Date: ___/___/___

Child/children will be picked up at 12:30 pm by parent/guardian or person(s) designated here.
