

**NEW LIFE OF CURRITUCK
VACATION BIBLE SCHOOL (July 6-10, 2026)**

STUDENT REGISTRATION

Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

Student 1 Name: _____ Grade (Fall 2026): _____

Current Age: _____ Current Medications (if any): _____

Allergies: _____

My child has no known allergies or medical conditions.

Student 2 Name: _____ Grade (Fall 2026): _____

Current Age: _____ Current Medications (if any): _____

Allergies: _____

My child has no known allergies or medical conditions.

Student 3 Name: _____ Grade (Fall 2026): _____

Current Age: _____ Current Medications (if any): _____

Allergies: _____

My child has no known allergies or medical conditions.

Does your child(ren) have any physical, emotional, learning, or sensory needs we should be aware of so we can best support them? _____

Authorized Person(s) for Pickup: _____

Only individuals listed above may pick up my child unless prior arrangements are made with VBS leadership and identification is provided if requested.

Emergency Contact (if parent/guardian cannot be reached)

Name: _____ Phone: _____

Medical Authorization - In the event of an emergency and if I cannot be reached, I hereby authorize New Life of Currituck, its staff, and volunteers to obtain appropriate medical treatment for my child(ren). I understand that reasonable efforts will be made to contact me prior to such treatment. I accept full financial responsibility for any medical expenses incurred.

Parent/Guardian Initials: _____

Liability Release - I understand that participation in Vacation Bible School includes activities that may involve physical movement, games, crafts, and group interaction. I voluntarily assume all risks associated with my child's participation.

To the fullest extent permitted by law, I release and hold harmless New Life of Currituck, its pastors, staff, volunteers, and representatives from any and all claims, liabilities, or causes of action arising out of participation in Vacation Bible School, except in cases of gross negligence or willful misconduct.

Parent/Guardian Initials: _____

Photo & Video Permission - I grant permission for photographs and/or video recordings of my child to be used for church-related purposes, including social media, website, and promotional materials.

YES

NO

Parent/Guardian Initials: _____

Behavior Agreement - I understand that my child is expected to follow the rules of Vacation Bible School and show respect toward leaders, volunteers, and other children. I understand that repeated disruptive behavior may result in my child being dismissed from the program at the discretion of VBS leadership.

Parent/Guardian Initials: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____
