



VBS Registration Form

Calvary Chapel of Palm Harbor
32676 US Hwy 19 North, Palm Harbor, FL 34684
Phone: 727-786-7969
www.ccpalmharbor.org

Child Name: _____ Age: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ **Grade ENTERING Fall 2025 - PK4 K 1 2 3 4 5**

Legal Parent/Guardian Names: _____

Food or Other Allergies: _____

----- **Permission Slip** -----

As the legal parent/guardian of the child named above, I hereby give my permission for this child to participate in all Vacation Bible School activities at Calvary Chapel of Palm Harbor and for the posting on social media of any photographs or video taken of my child during the week of

July 13th, 2026 to July 17th, 2026

I give permission to the leaders of the above VBS to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named church and its leaders blameless for any accidents that might occur during this activity except for clear acts of negligence or non-adherence to church policies and guidelines.

In case of emergency, I can be reached by phone at _____ or _____

If I cannot be reached, please contact _____ at _____

In addition to Parent/Guardian, I authorize the following ADULTS(s) to sign my child out from this event:

Signed: _____ Date: _____
(Legal Parent/Guardian)