

2026 VBS

Where: Philadelphia Church

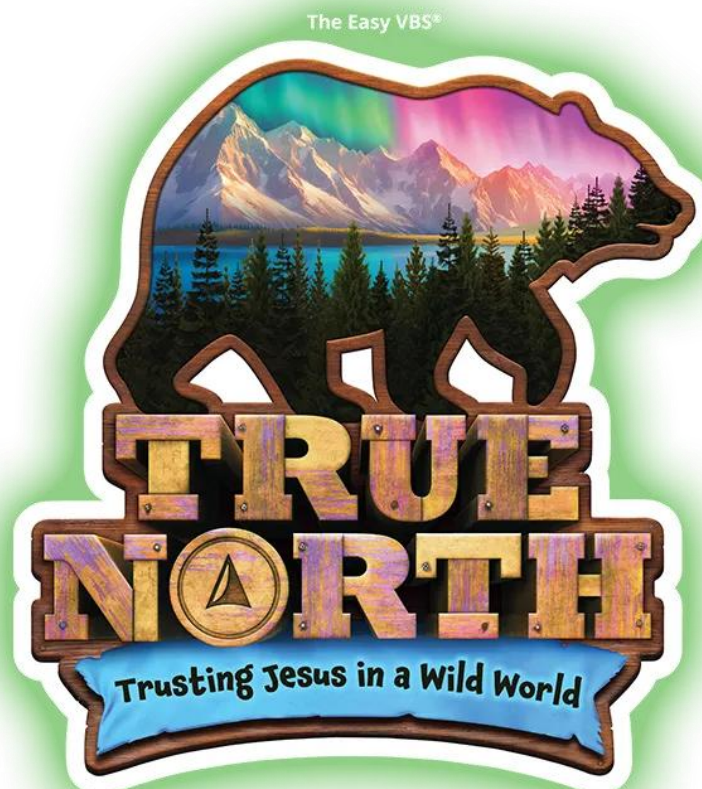
When: June 23rd - June 25th, 2026

9:00am to Noon

Who: Ages 3 to 11

Cost: \$25 Material Fee per Child

Registration Deadline: Wednesday, June 17, 2026



**If you have any questions,
please call Julie at 206.782.0588
or e-mail julie@pcseattle.org**

2026 Philadelphia Church VBS

REGISTRATION FORM

June 23-25, 2026

Cost: \$25 Material Fee per Child

Registration Form Deadline: Wednesday, June 17, 2026

Child's Name _____

Date of Birth _____ Age _____ Sex: M F

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip _____

Mom Cell #: _____ Dad Cell #: _____

In case of an emergency, where are we most likely to reach you during the evening? _____

List any of your child's allergies or physical conditions: _____

Other comments or instructions _____

I _____, am the legal guardian of _____,
Name Child's Name

(hereinafter my child), and I am informed of the activities offered by Philadelphia Church and its officers. As a parent or guardian I hereby consent for my child to participate in all the activities provided by this program.

It is the intention of the Parent /Guardian of the minor named in this agreement, to exempt and relieve Philadelphia Church and its officers and employees from liability for any personal injury and property damage of

Child's Name

Parent Signature

Date

CONSENT FOR EMERGENCY TREATMENT

I, _____, hereby give my permission
(Parent or legal guardian)

that my child _____, may be given emergency
Child's Name

treatment by a qualified staff member at Philadelphia Church.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be reached, I further consent to medical, surgical and hospital care treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent of such treatment.

All expenses incurred will be borne by the child's family or legal guardians.

Child's Physician _____

Parents/Guardians Names: _____

Address: _____ Phone #: _____

Child's Date of Birth: _____

Preferred Hospital: _____

Medical Insurance Company: _____

List any medications your child uses regularly: _____

List any of your child's allergies: _____

Emergency contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Parent/Guardian: _____ Date _____

WEBSITE/AGENCY PUBLICATIONS & PHOTO RELEASE FORM

I, _____,
hereby grant Philadelphia church permission to publish my child(ren)
photographs in agency publications and/or the agency website located at
www.pcseattle.org.

I understand that I have the right to request, in writing, the removal of the
photo(s) from the website within 30 working days of receipt of the request by
Philadelphia Church.

I understand that this photo(s) may be used in agency publications or on a
website designed to promote the agency's services, as well as offer information
and resources.

By signing below, I acknowledge my understanding of the above and grant my
permission for the use of the photographs.

Print Your Child's/Children's Name(s)

Print Your Name

Parent/Guardian Signature

Date