



Washington Onnuri Church
 Spring Break Vacation Bible School Registration Form
 April 11- 13, 2017
 10am – 1pm

* Please fill out a form for each child and email signed form to kwjjazz@hotmail.com
 * Please mail participant fee:
 Make check payable to: **Washington Onnuri Church**
 Mail to: Washington Onnuri Church, 112 Glyndon St. NE, Vienna, VA 22180

Last Name: _____ First Name: _____

Date of Birth: _____ Grade: _____ Gender: M / F

Address: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Parent Email Address: _____

Home Church: _____

Allergies or Medical Conditions: _____

Special Needs or considerations for your child: _____

EMERGENCY CONTACT:

Name: _____ Phone Number: _____

Relationship to Child: _____

I give my permission for _____ (Child's Name) to attend Spring Break Vacation Bible School (VBS) at Washington Onnuri Church (WOC) from April 11-13, 2017. I will not hold WOC and/or any individual associated with their VBS liable or responsible for injuries, incidences, and/or medication expenses that my child may incur before, during, or after VBS. In the event I cannot be reached during an emergency, I give permission for my child to be treated by a physician or hospital during this time.

By registering my child for the Washington Onnuri Church VBS, I authorize that my child's image may be photographed, filmed and used in video, print and web presentations.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____