

Olive Branch Community Church (OBCC) – 416 Olney-Sandy Spring Rd, Sandy Spring, MD
Adventures at Sea Vacation Bible School
Student Registration Form

Child or Youth's Name: _____ (Use one form per child please)

School Grade Completed as of June 2015 _____ Birthday Month _____ Year _____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Food Allergies: Yes No - If yes, list: _____

Medical Concerns: Yes No - If yes, explain: _____

Family Doctor: _____ Doctor's Phone: (_____) _____

Siblings or Friends Attending VBS (Names and Ages):

- | | | | |
|----------|-------|------|-------|
| 1. Name: | _____ | Age: | _____ |
| 2. Name: | _____ | Age: | _____ |
| 3. Name: | _____ | Age: | _____ |
| 4. Name: | _____ | Age: | _____ |

Name(s) of Adult(s) I Authorize to Transport my Child in my absence:

- | | | | |
|----------|-------|--------|-------|
| 1. Name: | _____ | Phone: | _____ |
| 2. Name: | _____ | Phone: | _____ |

Will you or your child require help with transportation to/from VBS? Yes No

Do you or your family belong to a church in the area? Yes No

If yes, please share the name of your church _____

Would you like more information about Olive Branch Community Church or its ministries? Yes No

Would you like a personal contact from the Rev. Donald Kelly, Pastor? Yes No

If yes, please provide your Phone Number _____ *Email _____

* we do not share email addresses

Publicity Release: By my signature below, I give OBCC Vacation Bible School leaders my permission to photograph/video me/my child(ren) whose name is listed above, for inclusion in any lawful publicity purpose associated with this VBS program.

Parent Signature: _____ Date: _____