



2501 Paseo Blvd.
Kansas City, Missouri 64108
816.921.6842 - Office 816.921.8313 - Fax
Gregory E. Ealey, Senior Pastor

Vacation Bible School 2015

Dear Parent/Guardian,

It's time for Vacation Bible School (VBS) at Paseo Baptist Church and we want to extend a personal invitation to your child (ren) to attend. We are eager to provide a safe and fun atmosphere during this wonderful experience of teaching your child about the Bible.

The program dates are **Tuesday, June 23 –Friday, June 26, 2015** and the fun starts at 5:30PM and will end at 8:00PM. The theme for this year is Bible Boot Camp: *The Armor of God* and will offer activities such as learning about the bible, music, games and much more.

Registration is FREE for all children who attend the program. If you would like your child to participate in the program, please complete a *Registration / Medical Release Form* for each child who will attend and return by **June 12, 2015**.

You have three ways to submit your form(s):

1. **EMAIL:** office@paseobaptist.org, *Subject Line:* VBS Registration 2015
2. **MAIL:** 2501 Paseo Blvd, Kansas City, MO 64108, *Attn:* VBS Registration Coordinator
3. **FAX:** 816-921-8313, *Attn:* VBS Registration Coordinator

If you have any questions or need additional information, please call the church at 816-921-6842.

Sincerely,

Brenda Foreman

Brenda Foreman
Vacation Bible School Coordinator

Paseo Baptist Church
Vacation Bible School Registration Form 2015

(Please complete one form per child)

CONTACT INFORMATION *(Please print)*

CHILD'S FIRST NAME: _____ LAST NAME: _____

SEX: FEMALE _____ MALE _____ AGE: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN FIRST NAME: _____ LAST NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____

ARE YOU A MEMBER OF PASEO BAPTIST CHURCH? YES _____ NO _____

HOW DID YOU HEAR ABOUT VACATION BIBLE SCHOOL? _____

PLEASE LIST FAMILY, FRIENDS, ETC. who have your authorization to pick-up your child from Vacation Bible School:

1) _____ PHONE: _____ / _____
(Home) (Cell)

2) _____ PHONE: _____ / _____
(Home) (Cell)

MEDICAL INFORMATION

LIST ANY ALLERGIES/MEDICAL CONDITIONS (Medications, food, illnesses, asthma, frequent nose bleeds, etc.):

LIABILITY RELEASE

I, the parent/guardian of the above named child, give my permission to authorize Paseo Baptist Church staff to secure emergency medical treatment for my child. In the event of accident or injury, I HEREBY RELEASE PASEO BAPTIST CHURCH, its officers, employees, volunteers, officials, and agents from any and all claims, liability, loss of services and causes of action of any kind whether caused by the negligence of the releaser for personal injury and property damage arising in any way out of said participation.

Parent/Guardian Signature

Date