



Mokuaikaua Church  
 Registration Form  
**VACATION BIBLE SCHOOL**  
 June 27–30, 2017  
 6p to 8:30p  
 Ages 5 - 12 (Free!)

Church Use:
Child Last Name: _____
Group: _____
Processed by: (print name) _____

Any questions call the Church Office at 808-329-0655

Forms are due by June 19 to: office@mokuaikaua.com or fax 331-2288 or mail (see below)

**I. PARTICIPANT INFORMATION:**

My child has Special Needs/Allergies/Other Concerns \_\_\_\_\_  
 (please describe)

Child's Name: \_\_\_\_\_ (one form per child, please)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 City/State/Zipcode

**II. EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**III. AUTHORIZATION: Name(s) of additional person(s) who may pick up my child from VBS.**

**NOTE: Child(ren) MUST be Signed-In and Signed-Out daily by an ADULT.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV. OTHER AUTHORIZATION:**

A. **MOKUAIKAUA CHURCH carries accident/liability insurance** for all of our participants involved in Church Ministry, however administrative procedures vary among medical personnel and medical facilities regard to provision of medical care for a child in the absence of the parent/guardian. In case of an accident or emergency, I authorize Mokuaikaua VBS Leaders to take my child to the nearest hospital or emergency treatment center.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

B. **CONSENT FOR PHOTOGRAPHS/VIDEOS:** I hereby authorize and give consent to Mokuaikaua Church to publish any photographs/videos of the above named child while participating with the VBS program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_