



**VBS 2019 EXTENDED DAY  
REGISTRATION FORM**  
For children who have completed  
Completed PreK4 – Grade 5

<b><u>OFFICE USE ONLY</u></b>	
VBS ONLY	_____
Extended Day	_____
QB Date:	_____
BF	_____

**The deadline to register for VBS and Extended Day is May 31st.  
Walk-ins will be accepted June 10<sup>th</sup> - 14<sup>th</sup> on a space available basis.**

**Child Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
DOB \_\_\_\_\_ Male/Female \_\_\_\_ Grade Completed as of June 2019 \_\_\_\_\_

**Family Information**

Address \_\_\_\_\_  
Street City State Zip

**Parent/Guardian 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Parent/Guardian 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

**Emergency Contact if Parents/Guardians cannot be reached:**

1. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_
2. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_
3. Name \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

I acknowledge that any person listed above is authorized to pick up my child from Wayside Baptist Church VBS and Extended Day Programs. \_\_\_\_\_

Print Name

Signature

### **Medical Care Information:**

Please list any allergies, learning disabilities, emotional or physical conditions: \_\_\_\_\_

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**Please Note: Medications will not be administered during VBS and Extended Day hours by any Wayside staff member or any individual other than the child's parent/guardian. The ONLY exception will be for any life-threatening allergic reaction. An EpiPen or other allergy medication must be given to the VBS office staff and will be kept in the Kidz Ministry office.**

### **Emergency Treatment Permission - Please Read and Sign Below**

Informed consent for Emergency Treatment: In case of an Emergency and if I cannot be reached, I authorize the staff of Wayside Baptist Church to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether my medical insurance would cover such charges or fees.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photograph/Video Release**

By selecting YES below, you agree to the following statement: I hereby give Wayside Baptist Church and those acting under permission, the absolute right and permission to use or publish photographic portraits of the above name in which they may be included in whole or in part, or composite or reproduction, in color or otherwise made through media, for any lawful purpose. Pictures/videos are to be taken in the presence of Wayside Baptist Church Children's Ministry Staff and pictures chosen must have the Children's Director approval. I hereby waive any right to inspect and/or approve the finished product.

Yes       No

### **Check-in Registration**

Wayside has chosen *Kidcheck* as our secure check-in system. All children are to be registered on this site before VBS begins to expedite check-in the first day of VBS. You may do so from home by visiting <https://go.kidcheck.com>.

### **FOR EXTENDED DAY CHILDREN ONLY**

#### **Extended Day Schedule and Payment**

Registration Deadline: Fri., May 31<sup>st</sup>. Later registrations will be considered only if space is available.

Check the time(s) your child will attend:     8:00 – 9:00A                       12:30 – 6:00P

Cost: \$80.00 (lunch included)

Payment: Payments are to be made by Fri., May 31<sup>st</sup>. Missing the deadline may result in loss of your child's space. Payments may be made via check payable to Wayside Baptist Church or online at <http://waysidemiami.org/camp/make-a-payment/>. A processing fee will be charged for online payments.