



VBS 2021 @ MITCHELL HOLLOW MISSION CHURCH
AUGUST 9TH – 13TH; 9:30AM-12:00PM

REGISTRATION FORM

CHILD(REN)'S NAME:

AGE/GRADE ENTERING IN:

EMERGENCY CONTACT NAME AND PHONE:

MEDICAL CONCERNS/ALLERGIES:

I, AS THE CHILD(REN)'S PARENT/GUARDIAN, BY SIGNING BELOW, AGREE TO HOLD MITCHELL HOLLOW MISSION CHURCH AND ITS STAFF AND VOLUNTEERS HARMLESS IN THE EVENT OF INJURY. I ALSO UNDERSTAND THAT IF MY CHILD(REN) IS/ARE SHOWING SYMPTOMS OF ILLNESS AT ANYTIME, I WILL BE ASKED TO PICK UP MY CHILD(REN) FROM THE MHMC FACILITIES.

PARENT/GUARDIAN SIGNATURE

DATE

