

Child's Name \_\_\_\_\_



**DEAR PARENTS/GUARDIANS:**

Welcome to Streams Church's "Deep Sea Discovery" Vacation Bible School 2016! This week will be a fun-filled, fast-paced week of active songs, Bible Stories & verses, games and new memories.

Doors to the will open nightly at 6:15pm. In order to keep all children safe this week, you will check-in each night in our main lobby at one of our computerized check-in stations. You will receive an adhesive ID tag that will be placed on your child(ren) and a claim receipt for yourself. You must show your claim receipt at the end of the night when picking up your child(ren). We suggest you keep it in your car or wallet. If you forget your claim receipt for some reason, please be prepared to show I.D. and registration records will be checked before you may leave with your child.

We hope you join us Monday-Thursday for our Closing Session, starting at 8:15pm. You will get a little glimpse of what the day has been about. After the Closing Session you and the child(ren) you are taking home will proceed to the rear exit door. Each child's ID tag will be checked at the exit doors to make sure it matches your claim receipt. Please help us keep your children safe!

**\*\*\*FRIDAY NIGHT'S GRAND FINALE CLOSING SESSION WILL BEGIN AT 8:00PM\*\*\***

**MEDICAL RELEASE**

Name of my Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*I, the undersigned parent(s) or legal guardian, do hereby authorize any staff member or volunteer of Streams Christian Church to request and consent to any and all medical intervention they deem necessary by a licensed physician or medical facility. I understand that every effort will be made to contact me and that I will not hold Streams Christian Church liable for the medical aid rendered at a hospital or first aid rendered at the event. I also understand that I will reimburse Streams Christian Church for all expenses incurred in the care for my child(ren).*

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature                      Date

**PERMISSION TO USE CHILD'S PHOTOGRAPH:**

*I give permission to Streams Christian Church to photograph my child(ren). I give permission to copyright, use, and publish photographs for any lawful purpose, including newspaper articles, church publications and website.*

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature                      Date