



Child's name: _____

Child's Age: _____ Date of birth: _____ age: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone (_____) _____

Home email address: _____

Home Church: _____

Crew number or name (for church use only): _____

Allergies or other medical condition: _____
In case of emergency, contact: _____
Phone: _____
Relationship to child: _____

The Warwick Valley Church of the Nazarene has my permission to use my or my child's photograph publically to promote the church. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. Please Print and sign your name below:

NAME (print) _____

SIGNATURE _____

Our VBS is FREE, but we will be taking donations of school supplies for School Pal Paks for kids in need

PLEASE PRINT THIS FORM, FILL IT OUT and either scan/take a clear picture and e-mail to kidsfirst@wvcn.org or mail to WVCN Warwick Valley Church of the Nazarene – 601 State Route 94 N, Warwick, NY 10990