

VBS REGISTRATION JULY 12-16, 2021

9 am - 12 pm

WESTERN SPRINGS BAPTIST CHURCH 4475 Wolf Road, Western Springs, IL 60558

708-246-1530 <u>www.wsbc.info/vbs</u>

Please help us keep our records up to date by filling in all the blank spaces below. PLEASE PRINT CLEARLY. Thank you!

Child's Name Going INTO Grade K 1 2 3 4 5 [C Kindergarten is the LOWEST	ircle Grade]	Circle: Boy I Girl Date of Birth
Parent Name		
Address		
City	State	Zip
Main Phone	Cell Phone	
Email		
Emergency Contact	Cell Phone	e
■ Does your family regularly attend church? YES NO If YES, where: ■ Please list ALLERGIES particularly FOOD allergies:		
Should we know anything else that would help us serve your child better?		
■ Parent's Signature Registration Fee is \$25 [Includes Shirt] Make check payable to Western Springs Baptist Church.		
May we have your permission to take photos of your your child during VBS Activities? I hereby grant the Western Springs Baptist Church I Village Church permission to use my child's likeness in a photograph in any and all of its publications, including website, Instagram and Facebook entries, without payment or any other consideration. Western Springs Baptist Church I Village Church will never publish a child's name with any of its publications. Yes, you have my permission. No, thank you. COVID Guidelines and Statement While we are excited and hopeful that the COVID-19 Pandemic is trending in a safer direction, we will still need to follow the guidelines set for WSBC. **Please wear a mask while at WSBC. **Please maintain a comfortable distance from people. **Please wash and sanitize your hands regularly. ***Please monitor your health before arriving at WSBC each day for VBS. If you or anyone attending with you experiences any nausea/vomiting, sore throat, runny nose (other than seasonal allergies), loss of taste or smell, cough, congestion, fever/chills, new shortness of breath, and/or Temp of 100.4 or greater, then please stay home. I am aware and affirm that attending VBS: 2021 at WSBC involves risk of exposure to COVID-19 and potential health risks. I voluntarily assume all risk and agree to comply to all guidelines and mitigations. I Agree.		