



Little Vacation Bible School Registration Form

LVBS offers childcare and age-appropriate VBS curriculum exclusively for children (infant through 3+ years) of volunteers.

Child Name: _____
Age as of 6/1/18: _____ Birth Date: _____ Gender: _____

Parent/Guardian: _____ Home Phone: _____
Email Address: _____ Cell Phone: _____

Medical

_____ My child has no special needs, food allergies or medical conditions.
_____ My child's special needs and/or food allergies and/or medical conditions are described below.

Include *detailed information* symptoms to watch for, actions to be taken, specific instructions for the administration of any needed medications (including epi-pens), and follow-up procedures.

Comfort Level

Has your child had any previous group care experience (Church nursery, gym nursery, etc.)?
Yes ___ No ___

What is the best way to comfort your child?

Nap

Should your child nap during VBS? Yes ___ No ___
✓ If yes, please describe your child's nap routine:

Diapering/Bathroom

During LBVS, what will your child wear? Diaper ___ Pull-ups ___ Underpants ___
✓ What should we know about his/her diapering needs/bathroom routine?

Snack

We will have two snack times most days. Children are usually offered the standard VBS snack that all campers receive plus another healthy snack. Please check one:

My child can have any snack offered (with the exception of allergies listed above).

My child can ONLY have snacks brought from home. (Typically our youngest ones or those with severe allergies.) Parents, please supply all food, drinks, sippy cups/bottles, and spoons.

My child can have water and plain Cheerios or similar simple finger food provided by LVBS along with items provided from home.

Please describe feeding schedule, routines, or other information you wish us to know:

Other

- ✓ We plan to have some children participate in the daily morning assembly and in other activities on the grounds.

May we take your child to other spaces? Yes ___ No ___

Will it be okay if your child sees you? Yes ___ No ___

LVBS is a lot of fun!

Detailed information about our program and activities will be emailed to you in June.

Is there anything else you would like us to know?

Permission to transport

Please list the name(s) of adults **other than parent/guardian** authorized to pick up your child, if applicable:

Name: _____ Phone: _____

Name: _____ Phone: _____

LVBS IS AVAILABLE: Please indicate the day(s) your child will attend LVBS:

___ Monday 8:15 – Noon

___ Tuesday 8:30 – Noon

___ Wednesday 8:30 – Noon

___ Thursday 8:30 – Noon

___ Friday 8:30 – 11:00

Reminder: LVBS is provided for parents only on the day(s) they volunteer. Should your volunteer assignment require care beyond the times listed above, please contact us and we will be happy to make arrangements.

Emergency Release

Granville Ecumenical VBS has a volunteer nurse each morning to help us provide the safest environment for all participants. Every effort will be made to notify parents of any concerns. However, if there should be a need for medical care and we are not able to reach the parent, and the incident is beyond the scope of our nurse, we want to access the care needed through our Granville Fire Department and Emergency Squad.

Please complete one of the following:

- A. As the parent /guardian **I GIVE** consent to transport my child to Licking Memorial Hospital or a facility recommended by the Granville Fire Department for treatment.

_____ Date _____
Signature

OR

- B. As the parent / guardian **I DO NOT GIVE** my consent to transport my child to Licking Memorial Hospital for emergency treatment.

_____ Date _____
Signature

Others to notify if we cannot reach a parent:

_____ phone _____
Name/ Relationship

_____ phone _____
Name/Relationship

<input type="checkbox"/> TO	PLEASE CHECK THIS BOX IF <u>YOU DO NOT</u> GIVE PERMISSION
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Questions about LVBS: Contact Beth Havill
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