Location: Shubert Christian Church, 205 Main St, Shubert, NE 68437

Call or Text 402-245-0150

PLEASE RETURN COMPLETED REGISTRATION FORM BY MAY 31, 2016

2016 Rural Southeast Vacation Bible School June 13 – June 17; 8:15a.m-12:00p.m.

Registration Form		
Name of Child	School Grade completed 2015-2016	Age
Name of Child	School Grade completed 2015-2016	Age
Name of Child	School Grade completed 2015-2016	Age
Name of Child	School Grade completed 2015-2016	Age
Parent or Guardian's Name:		
Name	Address	
Phone Home	Emergency phone Number	
Cell	(OK to text you?) e-mail	
Medical Info: Allergies, and other health conc	eerns for children that the VBS staff need to know a	about?
(Please list in detail)	(Food Allergies)	
	e Shubert Library Hour following VBS? Yes p your children other than you:	
minor does hereby authorize ad churches as agents for the under any accredited physician or surg any liability Rural Southeast Va leaders in the event of an accide	d parent (s) or guardian (s) ofult volunteers of Rural Southeast Vacation Bible S rsigned, to consent to any medical or surgical care geon in an approved emergency clinic or hospital. I acation Bible School and participating churches and ent en route, during, and returning from the above raims for intentional misconduct or gross negligence	chool and participating deemed advisable by further release from d any of its ministries or mentioned event. This
9 3	e reached, do the directors of Rural Southeast Vaca June 13 thru June 17 of 2016 have your permissionen? YesNo	
Signature of Parent or Guardian	Date	
Send completed and signed for 2485	m; e-mail to info@ruralsoutheastvbs.worthyofpra	ise.org or fax: 402-883-

Bring signed original with you on the first day