

CLIP AND BRING OR SEND WITH YOUR CHILD the completed form below on Monday, July 27, 2009 to the Fellowship Hall of the church between 8:30 AM and 9:00 AM.

We look forward to seeing you! *QUESTIONS?* - 816-444-4533

Armour Heights Baptist Church  
7900 Jarboe Kansas City, MO 64114 816-444-4533  
E-mail [armourheights@sbcglobal.net](mailto:armourheights@sbcglobal.net) or [www.armourheightsbc.com](http://www.armourheightsbc.com)

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (AREA CODE + #) \_\_\_\_\_

EMERGENCY CONTACT # \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

CHILD'S AGE \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_\_

CHURCH HOME \_\_\_\_\_

\*ALLERGIES \_\_\_\_\_

SPECIAL COMMENTS \_\_\_\_\_

In consideration for my child being allowed to participate in Vacation Bible School and all its activities, I agree to hold harmless and release Armour Heights Baptist Church, its paid staff and volunteer leaders from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to my child arising from my child's attendance and participation of Vacation Bible School, including any damage, loss, injury, or death from the provision of emergency medical treatment.

\*\*I also give my permission for the above named child to ride on the church bus to and from the church for VBS July 27-31, 2009. I also agree that my child will follow all of the bus rules or be subject to expulsion from bus riding privileges as deemed by the adults in charge.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Parent or Guardian (please sign)  
\*\*Applies to child riding the bus only.

\_\_\_\_\_  
Date

