

# Midway Baptist Church

**BACK TO SCHOOL BASH /  
VBS**

**SATURDAY, AUGUST 14,  
2021**

**10:30AM - 2:00PM**



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone Number (s): \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contacts Name & Number: \_\_\_\_\_

Who may pick up your child: \_\_\_\_\_

Home Church: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

Permission To Be Photographed: I give my permission for my child, \_\_\_\_\_, To be photographed at this event and understand that the photographs may be used for publicity, social media, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_