Park Lake Pr	esbyterian (Church `	Vacation Bi	ble School
TAKE YOUL	Aftercare R	egistrati	on Form	
STATE OF CONCEPTION	July 8 - 12, 2019			
Sp	ace is Limite	d - First	Come Basis	
TOTOTOTOT	*One form per child*			
	Available from 12 noon until 5:30 pm daily 309 East Colonial Drive • Orlando, FL 32801 407-841-6550 • www.plpc.org			
Please circle the days you	r child will attend	VBS Aftero	are: M T W Th	F
Approximate time of pick	c up: each day	(latest is 5:30 pm)	
Child's Information:	First name		Last name	
Age <u>M/F</u> Gender	r Birthdate		Phone number	
Address				
City		State	Zip Code	
Parent/Guardian Informat			.	
	First name		Last name	
Relationship to child	Work phone num	ber	Cell phone nur	mber
Address (if different from	n above)	City	State	Zip Code
Other children attending	VBS Aftercare:			
Please list any other Pare child:	nts/Guardians/Pers		nes and grade level ave permission to	
Name	Relations	hip	Contact phone n	number
Name	Relations	hip	Contact phone r	number
Name	Relations	hip	Contact phone r	number
*Child will only be allow	red to leave with au	thorized ind	lividuals listed abo	ove.

Please list all of the child's medical information below:

DoctorPhone numberDentistPhone number

Any concerns or physical limitations:

Please list all known health problems, medical conditions and medications:

Please read and initial below:

In case of a minor accident or illness, I request Park Lake Presbyterian Church contact me or any of my listed authorized guardians/persons and follow the instructions given by me or any of my listed authorized guardians/persons to respond to such minor accident or illness. Any listed authorized guardian/person has authority to care for my child.

In the event of my child suffering a life threatening accident or illness, I permit Park Lake Presbyterian Church to contact 911 emergency medical systems immediately. I hereby give my permission for the emergency team to perform any and all treatment necessary for my child's well being. This includes necessary transport to the nearest medical facility. I agree to be financially responsible for my child's care and treatment.

Aftercare Policy:

- A VBS Aftercare Registration Form must be filled out for each child who wishes to attend VBS Aftercare.
- Cost: \$25 per day, per child. If child is attending Aftercare for the entire five days of VBS, the cost is \$125. All costs are payable in advance at VBS Registration Table.
- Parent/Guardian will pick-up their child no later than 5:30 pm. \$10 late charges will apply.
- Parent/Guardian will provide a bag lunch AND an afternoon snack and drink for their child.

Please sign and date below to signify your agreement, authorization and release from above. Thank you.