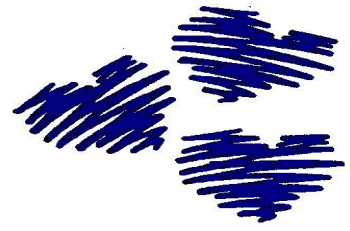


First Baptist Church
502 S. Fifth Street
Richmond, Texas 77469
281-342-8664 / www.fbcrichmondtx.org



FBC Vacation Bible School / Mother's Day Out Vacation Bible School
July 5-8, 2021 (Monday-Thursday)
9:00am—12:00pm

Child _____ Parent/Guardian _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name of Child's Church _____ E-mail _____
Child's Age _____ (as of 9-01-21) Date of Birth _____ Entering Grade (Fall 2021) _____
Allergies or other concerns _____

(PLEASE COMPLETE ONE CARD FOR EACH CHILD.)

First Baptist Church
MDO Vacation Bible School
9 Months - Completed Pre-K

Dates:
July 5-8 (Monday - Thursday)
9:00am—12:00pm

\$125.00 Total Charge
(payable to First Baptist Church, MDO)

Cost Breakdown:
\$50 deposit due with application
\$75 remainder due beginning of VBS

First Baptist Church
Vacation Bible School
Completed Kindergarten—Completed 5th
as of Fall 2021

Dates:
July 5-8 (Monday - Thursday)
9:00am—12:00pm (**No charge**)

Publicity Release Form

I, _____, hereby give permission to First Baptist Church to photograph my child/children during MDO/VBS summer program for viewing with families, friends, and the general public. I also agree that photos of my child/children may be used for the following:

Newspaper Articles

First Baptist Church website (names of children do not appear with their picture)

Parent/Guardian Signature _____ Date _____

(PLEASE COMPLETE OTHER SIDE)

AGREEMENT and PREMISE RELEASE AUTHORIZATION

I hereby give permission for _____ to participate in all activities.
(Name of Child)

In addition, my child/children has permission to leave school/church with the following individuals:

_____ Cell Number _____

_____ Cell Number _____

_____ Cell Number _____

_____ Date _____
(Parent or Guardian Signature)

EMERGENCY and MEDICAL AUTHORIZATION

Emergency

Contact in case of an emergency when parents cannot be reached:

Name _____ Phone Number _____

Address _____

Relationship to child/children: _____

Medical Emergency

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if I cannot be contacted by the school/church,

_____, _____
(Physician's Name) (Physician's Address)

at _____ may be called and is authorized to treat my child. If the above doctor
(Phone Number)

cannot be reached, I give permission for a doctor designated by the program to administer treatment at my expense. I understand and accept the policies above and release the school/church from liability for injury or illness resulting under all circumstances save gross negligence.

Name of Insurance Co. _____ Insurance Co. Phone Number _____

Insurance Company ID# or Group# _____

_____ Date _____
(Parent or Guardian Signature)