

Huff's Union Church  
2021 Vacation Bible School  
August 2<sup>nd</sup> - 6<sup>th</sup>, 2021

**Knights of the North Castle**  
**MASK WILL BE REQUIRED AT ALL TIMES.**

Parents/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Em. Phone #: \_\_\_\_\_

Person(s) responsible for picking up the child(ren) listed below, at the closing of each night at VBS:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

I give my permission to have any photos taken of or including my child(ren) listed below during the VBS week, may be put on display bulletin boards, website and/or local newspapers by Huff's Union Sunday School.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_

Special Needs: (allergies, medical conditions, etc.) \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_

Special Needs: (allergies, medical conditions, etc.) \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_

Special Needs: (allergies, medical conditions, etc.) \_\_\_\_\_

Will your child(ren) be taking part in the closing program? Yes \_\_\_\_\_ No \_\_\_\_\_