

THOMPSONTOWN BAPTIST CHURCH 717-535-5203 VBS VAN RIDES! June 11-15

COMPLETE THIS FORM AND THE VBS REGISTRATION FORM PRIOR TO VAN RIDE PARTICIPATION!

Parent or legal guardian name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Pickup address _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Alternate contact person _____ Phone: _____

Please list all children of your household with permission to participate in VBS Van rides.

CHILD'S NAME		CHILD'S RELATIONSHIP TO YOU			CHILD'S AGE	
<i>First</i>	<i>Last</i>	<i>Son</i>	<i>Daughter</i>	<i>Other</i>	<i>Age</i>	<i>Date of Birth</i>
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____

Guidelines

- Please notify the van driver by 3:00pm if your child will not be riding the van.
- Children will only be picked up from and dropped off at the address listed as the pickup address.
- Pickup should occur between 6:00 and 6:25. Please be ready to leave within a minute or two of the vans arrival. Drop off should occur between 8:35 and 9:00pm. Please be waiting at the stop!
- Parents will be required to supply legally suitable booster seats for children ages 5-7 and must assist and affirm that the child is properly seated before leaving the stop. The same applies to children 8 or older needing a booster for weight and height limitations.
- Children must remain buckled and be respectful in the van. If not, they will lose van privileges.

I acknowledge the above information is truthful. I give my consent for the above child/children to participate in the Thompsonstown Baptist Church Van Pickup Ministry.

I agree that I will be responsible to provide a legal booster seat according to PA DOT guidelines for my child if necessary.

Signature

Date

_____ / ____ / _____

Printed Name
