



Hero Central Vacation Bible School June 12-16, 2017

An outreach of Advent, Central,
and East Hills Moravian Churches

At Advent Moravian Church
3730 Jacksonville Road, Bethlehem, PA 18017
610-866-1402

Registration/Medical Form

Name of Child: _____

Date of Birth: _____ Age: _____ Grade Completed in School: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) or Responsible Adult(s) _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

Parents' Church/Religious Affiliation: _____

Contact in Case of Emergency: _____

Does your child have an IEP and/or need a special attention in the classroom? ____ Yes ____ No

If yes, please explain on back of form.

Physician's Name and Address: _____

Physician's Phone: _____

Medical Alerts: _____ Allergies - Food: _____

Bee Stings? _____ Medical? _____ Other: _____

Over the course of the week, we will be taking pictures of VBS activities which may include your child. Do we have permission to use photographs of your child for uses such as bulletin boards, newspaper articles, church website, and church publications? ____ Yes ____ No

Registration Fee Enclosed: ____ Yes ____ No (\$25 for first child; \$20 for additional siblings)

Make Checks payable to Central Moravian Church and mail or turn in to your local church office.

Parent or Guardian's signature: _____ Date: _____