



Summit Church Montrose
10977 60.75 Rd., Montrose, CO 81403



Vacation Bible School • Aug. 1-4, 2022 • 6:30-8pm (Completed K-5th Grade) Student Registration Form (Page 1)

Director Contact: John DeSario, (970) 275-7026 or summitchurchmontrose@gmail.com

(Please Print or Type)

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade Completed _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade Completed _____

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Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade Completed _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birth Date _____ Child's Grade Completed _____

Allergies or Special Needs _____

CONTACT INFORMATION

Parent or Guardian _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Circle Preferred Contact Method: Text Call Email



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Student Registration Form (Page 2)

Second Parent or Guardian _____

Street Address (If different than above) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Circle Preferred Contact Method: Text Call Email

ADDITIONAL EMERGENCY INFORMATION (In the event that we are unable to reach the parents/guardians above, who should we contact in the event of an emergency?)

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

DISMISSAL

In addition to the parents/guardians above, who may pick up your child at the end of VBS?
(The person listed must show a driver's license to pick up your child.)

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

Waiver: As a parent/guardian of the following minors: (please print names) _____

who will participate in Vacation Bible School at Summit Church Montrose, I do hereby release, forever discharge and hold harmless Iglesia Verdad Y Vida and Summit Church Montrose and the directors, pastors, volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses. This release covers meetings on the Iglesia Verdad Y Vida and Summit Church Montrose property; also consent to emergency medical or dental treatment, including examination, diagnosis, treatment, anesthetic, and surgical treatment, the undersigned agree to pay all costs and expenses.

Parent/Guardian Name (Printed) _____

Address _____

Signature _____ Date _____