



# VACATION BIBLE ADVENTURE!

July 10<sup>th</sup>-14<sup>th</sup> 9am - 12 Noon

Age 4yrs. Through 5<sup>th</sup> Grade

Please include check, with registration:

(made out to Rose Hill Church)

\$20.00/child -or- \$50.00/family

Use only one form for each child please.

Additional registration forms available to print from our website at:  
[rosehill.church](http://rosehill.church)

Child's Name: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Birth date: (mm/dd/yyyy) \_\_\_\_\_

Age: \_\_\_\_\_ Grade going into this fall: \_\_\_\_\_

If possible, group my child with (friend) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical or behavioral conditions we should be aware of: \_\_\_\_\_

List information in order of preference for contact in case of emergency:

Contact	Relationship	Phone
1. _____	_____	_____
e-mail _____		
2. _____	_____	_____
e-mail _____		

My child has my permission to participate in all activities unless otherwise noted. I authorize Rose Hill Church (RHC) or its agents to administer the medications listed on this registration form to my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by RHC or its agents to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Photographs are taken throughout this event for the enjoyment of families, our church family and for possible future promotion. Your child may be included in the photos. By registering for this event, you give your permission for your child's photo to be taken and displayed.

Signature: \_\_\_\_\_

For more info call Gwen North, Children's Ministries Director.  
 425.827.4649 or e-mail: [gwen@rosehillpc.org](mailto:gwen@rosehillpc.org)



## ROSE HILL CHURCH

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