



Corner House Christian Church

6954 Chestnut Ridge Rd. Hubbard, OH 44425

330-534-4665 | CornerHouseCC.org

Registration Form

Event: Vacation Bible School | **Theme:** Master's Workshop **Dates:** June 18 -20, 2026

Section 1: Child Information

Child's First Name: _____ Last Name: _____

Date of Birth: / / Age: _____

Gender: Male Female

Grade Completed (as of this summer): _____

School attended: _____

Section 2: Parent/Guardian Contact Information

Parent/Guardian 1

Full Name: _____ Relationship with Child: _____

Cell Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian 2

Full Name: _____ Relationship with Child: _____

Cell Phone: _____

Email Address: _____



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Section 3: Emergency Contact Information

Please list two emergency contacts other than the parent(s)/guardian(s) listed above.

Emergency Contact 1

Full Name: _____ Relationship with Child: _____

Phone: _____

Emergency Contact 2

Full Name: _____ Relationship with Child: _____

Phone: _____

Section 4: Medical and Allergy Information

Does your child have any allergies? Yes No

If yes, please list: _____

Does your child have any medical conditions we should be aware of? Yes No

If yes, please describe:

Does your child take any medication? Yes No

If yes, please list medications and dosage: We will not have a Nurse on Site, but do have first aid kits.

Does your child have any dietary restrictions? Yes No

If yes, please describe: _____

Any additional needs or accommodation (physical, behavioral, learning):



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Section 5: Authorized Pickup Persons

Only individuals listed below (and the parent(s)/guardian(s) above) will be permitted to pick up your child. A valid photo ID may be required.

Person 1

Full Name: _____ Relationship with Child: _____

Phone: _____

Person 2

Full Name: _____ Relationship with Child: _____

Phone: _____

Section 6: Photo and Video Consent

During Vacation Bible School, photographs and videos may be taken of participants for use in church communications, social media, newsletters, and promotional materials.

I **GRANT** permission for my child to be photographed and/or videotaped, and for those images to be used in church-related communications and media.

I **DO NOT GRANT** permission for my child to be photographed and/or videotaped.

Section 7: Permission, Liability Release, and Waiver

I, the undersigned parent, or legal guardian, hereby give permission for my child to participate in all Vacation Bible School activities, including but not limited to crafts, games, music, snacks, and outdoor activities. I understand that reasonable safety precautions will be taken, but that participation involves inherent risks.

I release and hold harmless Corner House Christian Church, its staff, volunteers, and agents from any and all liability, claims, demands, or causes of action arising out of or related to any injury, loss, or damage sustained by my child during VBS activities. I authorize the VBS staff to administer basic first aid and, in the event of a medical emergency, to seek appropriate medical treatment for my child. I understand that I will be notified as soon as possible about such an event, and I accept financial responsibility for any medical treatment provided.

I certify that all information provided on this form is accurate and complete. I agree to notify VBS staff of any changes to the information provided.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____



Section 8: Activity Interests

Please check 5 activities your child is interested in. This helps us plan group assignments and ensure every child has a wonderful experience. We will have 2 sessions of each Activity each day. It will be first requested/first assigned.

Preferred Activities (Please check 5)

- Masonry
- Tapestry Weaving
- Scrolls and Pens
- Carpentry
- Pottery
- Fishing / Net Making
- Bread baking and Juice Making
- Basket Weaving

Other Interests: _____

Experience Level

Has your child participated in VBS or similar programs before?

- Yes, Skill Day 2025, Corner House Christian Church
- No, this is their first time

Do you have a child who may be interested in helping as a junior volunteer (ages 13+)?

- Yes No

Special Talents or Skills

Does your child have any special talents or skills they would like to share during VBS? (e.g., playing an instrument, singing, art) _____



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Schedule Preferences

Are there any days your child will NOT be able to attend?

Thursday Friday Saturday *

** Saturday afternoon will be water fun. Since we will have water slides, no zippers or jewelry on Saturday only. Also, appropriate clothes or bathing suit please. We do prefer gym shorts and t-shirts instead of bathing suits.*

Additional Comments

Is there anything else you would like us to know about your child's interests, personality, or needs to help us provide the best experience?

For Office Use Only

Date Received:

Received By:

Group/Class Assignment:

Notes: