



VBS Camp Registration

What is VBS?

VBS stands for Vacation Bible School. It is a week-long event that takes place each day from 8am to 4pm. During the week, the kids learn a lesson each day that builds on the previous day.

How is Bethel Kids VBS different?

Most VBS camps are only in the morning. Here at Bethel we mix a normal VBS with elements from a larger camp. We go all day, and provide the kids with breakfast, lunch, snacks, a shirt, crafts, and more. The morning is dedicated to lessons and learning while the afternoon is dedicated to team competitions, games, and lots of crazy fun.

What are the details?

When: Monday, July 26th - July 30th | 8am - 4pm

Where: Bethel Church | 4320 S Congress Ave, Palm Springs, FL, 33461

Who: All kids entering the 1st through 6th grade.

Cost: \$50 per child (You can pay in person, or online at gobethelchurch.com/kids)

What kind of food?

Breakfast typically includes pancakes, eggs, french toast, etc.

Lunch typically includes hot dogs, pasta, sandwiches, etc.

Snacks typically include ice cream, ice pops, fruit, etc.

The following pages include our registration and medical forms.

We require one form per child.

If you have questions, please talk to or email Kristin Biancardi at kristin@gobethelchurch.com

2021-2022 Permission and Medical Release Form
Bethel Assembly of God and Bethel Kids
4320 S Congress Ave, Palm Springs, FL 33461 561-964-5100

1. Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: ____/____/____

T-Shirt Size (Circle one): Youth Size: Small Medium Large

Adult Size: Small Medium Large

Father's Name: (First and Last): _____

Address if different than student: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Mother's Name: (First and Last): _____

Address if different than student: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

List 2 other emergency contact numbers (Relatives preferred)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Medical Information:

Allergies: Yes _____ No _____

If yes, list: Food: _____

Environmental: _____

Medications: _____

List any reactions to the above: _____

Treatment for the above: _____

Other: _____

Date of last tetanus shot: _____

Please check any of the following that applies:

*Diabetes _____ *Seizure Disorder _____ *Asthma _____ *Heart condition/blood _____
*Bleeding Disorders _____ *Psychiatric Disorder _____ *Other (please specify) _____

Please explain above as needed and treatment for same: _____

Please note if any of the above required emergency room treatment.

List any medications you take on a daily or "as needed" basis:

Medication: _____ Dose: _____ Time: _____

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Medication: _____ Dose: _____ Time: _____

Any swimming restrictions? Yes _____ No _____

What restrictions? _____

Any activity restrictions? Yes _____ No _____

What restrictions? _____

Reason for restrictions: _____

3. Insurance Information:

Name of insurance company: _____

Insured's Name: _____

Relationship to student: _____

Policy Number: _____

Family Doctor/Pediatrician's Name: _____

Doctor's Address: _____

Doctor's Phone Number: _____

4. I, _____, parent/guardian of _____, do hereby request that the above named child be permitted to attend events and activities sponsored by and endorsed by Bethel Assembly of God, 4320 S Congress Ave, Palm Springs, FL 33461 including travel to and from the events/activities for the dates January 1, 2021 – January 1, 2022.

I further agree and consent to have the staff members, chaperones, or other approved worker under whose auspices the programs, activities, events are conducted, to secure any emergency or other medical care or treatment that may be necessary for my child during the entire outing, including travel to and from such event.

I further assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child.

I further understand that every effort will be made to contact me, or those listed as emergency contact persons, in the event of an emergency.

I understand that the above named insurance will be used for any treatments required. I understand reasonable safety precautions will be taken by Bethel Assembly of God and its agents during the events and activities.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

Student's Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Signature of Student (if over 18 years of age) _____

Promotional Release Form:

I, the undersigned, hereby consent Bethel Assembly of God including approved staff and volunteer workers to use any videotapes, photographs, slides, audiotapes, or other visual or audio reproduction including internet use taken during an outing/event approved by Bethel Assembly of God in which my child may appear. I understand that these materials are being used for promotion of the ministry of Bethel Assembly of God, and in no way will be used for personal use or uses contrary to the Word of God or the Fundamentals of Truth on which Bethel Assembly of God stands.

Parent/Guardian Signature: _____

Date: ____/____/____

Student Signature (if over 18 years of age) _____

Financial Assistance Application

Our goal is for every child at Bethel and their friends to be a part of each event we have planned - especially camp. The kids get to have a whole lot of fun with the games and competitions, but also are challenged to grow spiritually through lessons each day. With that in mind, we don't want finances to be a reason why your child can not attend. Don't let your kids miss out on these events! We will keep this anonymous with only the Bethel staff seeing this form.

In light of this, we do ask that you pay an amount you can afford. Just like most things, if we don't invest something into it, we will not be as committed. We want a commitment that the kids will be there each day, so that they don't miss out on the spiritual lessons since each day builds upon the next.

We also pray that this is not an ongoing need! We hope that you "pay it forward" in the future. We have many families that were assisted one year who ended up helping out other families in future years. That is what being a church family is all about - helping each other!

Name: _____

Address: _____

Phone: _____
Email: _____

Is there a specific reason for assistance?

Events I would like assistance for:

(See previous pages for more details about dates, costs, and descriptions of events)

What can you afford? _____

Commitment Statement:

In applying for financial assistance, I understand the importance of attendance for my child. I commit to bringing my child to all the events I have signed up for, outside of an emergency. I understand that failure to keep that commitment could put my chance of future assistance in jeopardy. I also understand that this only applies for the events listed above occurring this summer.

Parent Name

Signature

*You will be contacted by Kristin Biancardi to confirm.