

VBS MEDICAL & PRIVACY RELEASE

AUTHORIZATION AND PRIVACY

All information collected by the New Hope Christian Church Woodlands (NHCCW) will be used for the purposes of Vacation Bible School. Contact information will be added to NHCCW mailing lists to inform you of future events within NHCCW unless you decline this option below. We will never sell or exchange your personal information with other organizations. We assure you that your personal information will be limited to the internal purposes to NHCCW.

No, I do not wish to be contacted for any future events.

Photos will be taken during VBS. May we use your children's photo (names will not be published) in NHCCW ministry publications? No

MEDICAL RELEASE & DISCLOSURE

In case of medical emergency*, I hereby give permission to the NHCCW volunteer staff to contact the below physician and secure treatment and/or hospitalization for my children listed above. I understand that in the event any such treatment becomes necessary, I will be responsible to pay the expenses incurred in the emergency treatment.

I understand that adult supervisors will accompany my children in all activities. I also understand that the supervisors are volunteers and not necessarily trained professionals and that the activities will involve the normal level of risk associated with such activities

Family Doctor's Name: _____ Phone: _____

Insurance: _____ Group #: _____

Child's name	Allergies or other medical condition (s)

This certifies that my children have my permission to participate in the 2025 Vacation Bible School program at New Hope Christian Church Woodlands. He/ She will participate in the program at his/her own risk. New Hope Christian Church Woodlands will not be held liable for any accident which might occur during or in transit to or from the program.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date



New Hope



Christian Church Woodlands



Vacation Bible School 2025

WHEN? **May 26- May 30**
9:00-12:00 VBS
12:00-12:30 Lunch (bring your own)
12:30-15:30 Innovation Lab

WHERE? **7575 Alden Bridge Dr.,
The Woodlands, TX 77382**

As we look around the West, we see so many things to wonder at—lovely landscapes, created critters, and intriguing inventions. But none of these compares to the grandest wonder of all—our Savior Jesus Christ! Here at Wonder Junction, we know there's no greater joy than to praise the name of the Lord all day long.

Five Days Schedule

- Day 1 The Wonder of His Birth
- Day 2 The Wonder of His Childhood
- Day 3 The Wonder of His Ministry Years
- Day 4 The Wonder of His Death & Resurrection
- Day 5 The Wonder of His Return

Who can attend VBS?
 Children from age 4 (by 8/31/2025) to preteens completing 6th grade

End of registration:
MAY 10

Any Questions? Contact :
 Wan Ting Chiu
 childrenvolunteer@nhclife.org

VBS Registration Fee

Early Bird Rate	Ends 4/30	\$30 per Child
Regular Rate	After 4/30	\$35 per Child

Innovation Lab Registration Fee

Early Bird Rate	Ends 4/30	\$30 per Child
Regular Rate	After 4/30	\$35 per Child

- KEEP THIS PORTION FOR YOUR REFERENCE -

VBS/ Innovation Lab REGISTRATION FORM

Mailing Address: 7575 Alden Bridge Drive, The Woodlands TX 77382

Child's name	DOB <i>Month/Day/Year</i>	Gender	Last Grade Completed

Registration Fee

Early Bird Rate: \$ _____ x _____ child = Total \$ _____
 Regular Rate: \$ _____ x _____ child = Total \$ _____

Make check payable to: NHCCW, Memo: VBS

Parent(s)/ Guardian/ Caregiver Information

Mother
 Father
 Guardian
 Caregiver

Name _____ Best Contact Phone (___) _____

Email _____

Emergency Contact (Other than Parent/ Guardian)

Name _____ Relationship to child _____

Best Contact Phone (___) _____

Office Use Only

Date Received: ___ / ___ / 2025

Amount Enclosed: \$ _____
 Check # _____ Cash

Initial _____

- BOTH SIDES OF FORM MUST BE COMPLETED -