



Check-in Application

Parent Information

Parent/Guardian

Name: _____ Phone: _____ Email: _____

Parent/Guardian

Name: _____ Phone: _____ Email: _____

Address

Street: _____ City: _____ State: _____ Zip: _____

Student Information

Name: _____ Grade: _____ Birthdate: _____ School: _____

List allergies, chronic illness, special conditions: _____

Name: _____ Grade: _____ Birthdate: _____ School: _____

List allergies, chronic illness, special conditions: _____

Name: _____ Grade: _____ Birthdate: _____ School: _____

List allergies, chronic illness, special conditions: _____

Name: _____ Grade: _____ Birthdate: _____ School: _____

List allergies, chronic illness, special conditions: _____

I hereby give permission for my child/children to participate in all Victory Kids activities, I hereby give permission for my child/children to be videoed or photographed during any Victory Kids gathering and I allow them to be used in any NVBC publications or advertisements. Should I receive a phone call to pick up my child for disciplinary reasons, I will do so.

Parent/Guardian Signature _____ Date: _____