

VBS Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone: Home _____

Work _____

Cell _____

E-Mail: _____

AGE INFORMATION:

Birth Date _____

Last Grade Completed in School _____

MEDICAL INFORMATION:

Medical or other information we need to know. (Please include any food allergies)

EMERGENCY CONTACT:

Name: _____ Phone: _____

Name: _____ Phone: _____

DISMISSAL INFORMATION

Who may pick up your child at the end of each VBS Day?

OTHER INFORMATION:

Do you attend Sunday School? If so, where?

May we have permission to photograph your child? YES NO

May we have permission to use your child's photograph in church publications for the purpose of promotion? YES NO