

VBS REGISTRATION FORM

Child's Name: _____ Parent/Guardian: _____

Address: _____

(Street address, city, state, and zip code)

Mailing Address (if different than above): _____

Contact Information:

Home: _____ Work: _____ Mobile: _____

Email: _____

Age Information:

Birth Date: _____ Last Grade Level Completed: _____

Medical Information:

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

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Pick up Dismissal Information:

Who may pick up the child? _____

Does the child need a ride to or from VBS? _____

Other Information:

Does the child attend church? Yes No If yes, where? _____

If the child is visiting our church, who are they the guest of? _____

May we have permission to photograph the child during activities? Yes No

May we have permission to use the child's photograph for the purpose of promotion? Yes No