

VBS 2017 Registration (please print)

Child's Name _____

Parent/Guardian Name _____

Address _____ Apt.# _____

City _____ Zip _____

Email: _____

Phone Home _____ Parent's Work _____

Cell _____ Other _____

Age Information

Grade in school just completed _____ Date of Birth _____

Medical Information

Medical or other info we need to know (ie food allergies) _____

Emergency Contacts (other than listed above) In the event of an emergency whom do we call?

Name _____

Phone _____

Name _____

Phone _____

Dismissal Information

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

Other Information

Does your child attend Sunday School? _____ If so where? _____

If your child is visiting our church, who is he/she a guest of? _____

May we have permission to photograph your child? _____ Yes _____ No

May we have permission to use your child's photograph for the purpose of promotion?

_____ Yes _____ No

What would you like us to know about your child?
