

REGISTRATION FORM



Child's Name

Parent/Guardian Name

Address *(street address, city, state, zip code)*

Mailing Address *(if different)*

Contact Information

Phone Home

Work

Cell

Email

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 Contacts

(other than listed above)

Names & Phone numbers

Dismissal Information

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

Other Information

Does your child attend church? 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