



VBS Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing Address (if different) _____

Phone Numbers:

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 number _____

Name _____ Phone number _____

Dismissal Information:

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

Other Information:

Do you attend church? If so where?

If you are visiting our church, who are you a guest of?

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

Guardian Signature _____ Date _____