



## 2018 VBS Registration Form

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Does your child attend Sunday School? If so where? \_\_\_\_\_

If your child is visiting our church, who is he 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

