

Vacation Bible School in the Park

Registration Form

Child Name(s): _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

Child's Birthdate(s) _____

Last Grade Completed: _____

Medical Information/ Allergies we need to know about:

Emergency Contacts (other than listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Does your child attend church regularly? _____ If so, where? _____

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph for promotion? Yes No