



# 2018 VBS Registration

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Ph. Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Preferred? Home \_\_\_ Cell \_\_\_

### Age information

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last School grade Completed \_\_\_\_\_

Home Church \_\_\_\_\_

If visiting from another church, who is child a guest of? \_\_\_\_\_

Allergies or other medical information \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Dismissal Info

Name(s) of person(s) who may pick up this child from VBS  
\_\_\_\_\_

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 \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_