

# Columbus Bible Church VBS Registration

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

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

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Cell \_\_\_\_\_ Home \_\_\_\_\_

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

Last Grade Completed \_\_\_\_\_

Food Allergies/Medical Info/Other \_\_\_\_\_

## Emergency Contacts

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

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

Dismissal Information (who can pick up child):

\_\_\_\_\_

\_\_\_\_\_

Allow VBS staff to take photographs/videos of child for possible use on social media and church website?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Guardian Signature \_\_\_\_\_