

VACATION BIBLE SCHOOL FBCC

REGISTRATION FORM

Child's name _____

Parent/Guardian Name _____

Address _____

Phone Numbers: Home _____

Work _____

Cell _____

Email address: _____

Age information: Birthdate _____ Male or female _____ Last Grade Completed in School _____

(Complete other side)

Medical Information: **Medical** or other information we need to know. (Please include any food allergies.)

Emergency Contacts:

Name _____ Phone number

Name _____ Phone number

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

Do you attend Sunday School? If so, where?

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