

VBS 2026 Registration — 4 years old thru 5th grade

Child Registration

First Name: _____ **Last Name:** _____

Gender: Female Male required **Date of Birth:** _____ required

Last Grade Completed: 25-26 school year (Circle one) 1st 2nd 3rd 4th 5th

Preschool: (circle one) 4-year-old 5-year-old completed Kindergarten

Does your child have any medical Concerns? Please list concerns here:

Do you have a preference for the class placement of your child? Yes or No

Request for placement must be made at time of registration and are not guaranteed.

At this time our Special Needs class has a waiting list. If you would like to place your child on the waiting list, please contact Tammy Kirkland at tkirkland@hilandpark.org

Parent/Guardian Information

Name: _____

Phone Number: _____

Email: _____

Address Line : _____

City: _____ State: _____ Zip Code: _____

Emergency Contact(s) & Pick-Up Authorization(s)

* *Children will ONLY be released to a person listed here or that has the printed pick-up tag given at check-in* * Photos of Check-In Tags will not be allowed!

Emergency Contacts & Pick-Up Authorization(s) *required* Name and Phone Number

Please enter the names and phone numbers of the individuals that are Emergency Contacts & Pick-Up Authorization(s).

Church Affiliation

Hiland Park Baptist Church Other: _____

Photo Disclosure

By registering, you are giving us permission to photograph or video your child for promotional purposes. If your child's photo cannot be used, please contact us at hpkids@hilandpark.org