



V.B.S. Registration Form

Name _____

Age _____ Date of Birth _____ Grade Entering _____

Parent's Name/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Emergency Contact Person _____

Emergency Contact Number _____

Special Needs /Allergies

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associate with this VBS program.

Yes (or) No