



REGISTRATION FORM

Student's name _____ Please Check: Male / Female

Address _____ City _____ State _____ Zip _____

Home telephone (____) _____ E-mail address: _____

Date of birth ____/____/____ Age _____ Last school grade completed _____

Home church _____ City _____ State _____

Need transportation? _____ Parent/Guardian name _____

Home phone # (____) _____ Mom's cell # (____) _____

Dad's cell # (____) _____ Other Phone # (____) _____

Allergies/Medical conditions _____

Emergency contact _____

Phone # (____) _____ Relationship to child _____

Person other than parent authorized to pick up your child _____

Permission to upload a photograph or video of your child to social media _____ Yes _____ No

Parent / Guardian Signature _____ Date _____

Please list on the back any other information we need to know about your child.

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RECORD FORM

Check days attended
S M T W Th F

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Age _____ Last grade in school _____

Church Member? _____ What church? _____

Attends Sunday School where? _____

Father's Name _____ Attends Sunday School? _____

Mother's Name _____ Attends Sunday School? _____

Assigned to _____ Class _____

Teacher _____ Transportation Needed? _____

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