

**CANTON BAPTIST CHURCH 2018 VBS REGISTRATION FORM**

**CHILD'S NAME(S)** \_\_\_\_\_ **LAST GRADE COMPLETED** \_\_\_\_\_ **AGE** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

(Street address, city, state & zip code)

MAILING ADDRESS \_\_\_\_\_

(If different)

**PHONE NUMBERS**

**HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_ **CELL** \_\_\_\_\_

**E-MAIL** (optional) \_\_\_\_\_

**MEDICAL INFORMATION**

Medical or other information of child/children we need to know. (Please include any food allergies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS** (Other than listed above.)

**NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**WILL YOUR CHILD/CHILDREN BE RIDING THE CHURCH BUS** YES \_\_\_\_\_ NO \_\_\_\_\_

**DISMISSAL INFORMATION – WHO MAY PICK UP YOUR CHILD AT THE END OF EACH VBS DAY?**

Does your child attend Sunday School? If so where? \_\_\_\_\_

May we have permission to photograph your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

**VBS DATE FOR 2018**  
**FRIDAY JULY 20<sup>TH</sup> 5:15PM TO 8:00PM**  
**AND SATURDAY JULY 21<sup>ST</sup> FROM 8:30AM TO 4:00PM**