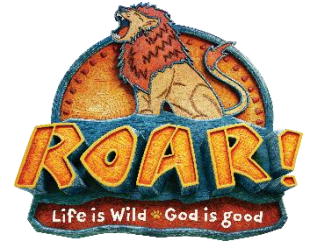




**VBS REGISTRATION FORM**  
**"ROAR"**  
**ST. JOHN'S CENTER UCC**  
**JULY 28 ~ AUGUST 1, 2019**



Child's Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
One form per child, please.

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Food Allergies: Yes  No  If YES – please explain: \_\_\_\_\_

Medical Concerns: Yes  No  If YES – please explain: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Siblings attending VBS (names & ages):

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_

Church Membership at: \_\_\_\_\_

People who may pick up your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby grant the VBS staff permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program; i.e., final night VBS video presentations & church website use.

**CHURCH USE ONLY:** ROAR Crew Name: \_\_\_\_\_

Attendance: Day One  Day Two  Day Three  Day Four  Day Five