

# VBS CHILD REGISTRATION FORM

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

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

Mailing address if different: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

## AGE INFORMATION

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Last grade completed in school: \_\_\_\_\_

## MEDICAL INFORMATION

Medical or other information we need to know such as food allergies, etc.

## EMERGENCY CONTACTS OTHER THAN ABOVE

Name & Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name & Phone Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## DISMISSAL INFORMATION:

Who may pick up your child at the end of each VBS day?

## OTHER INFORMATION:

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

If your child is visiting our church, who is he/she a guest of? \_\_\_\_\_

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

May we have permission to use your child's photograph for the purpose of promotion? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature