



**FIRST BAPTIST CHURCH BELEN
VBS REGISTRATION FORM**

Student Information:

Child's Full Name: _____ Birthdate: _____ Gender: _____

Preferred Name: _____ Grade child is going into: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Parent/Guardian Full Name(s): _____

Home Phone: _____ Cell/Work phone: _____

Email: _____

Do you currently attend church? ____ Y ____ N If yes, what church? _____

I authorize the following people (must be over 17 years old) to pick up or drop off my child:

Medical Information:

Allergies: _____

Emergency contact: _____

Phone number: _____ Relation to child: _____

Emergency contact: _____

Phone number: _____ Relation to child: _____

Hospital Preference: _____ Insurance: _____

I, hereby, give my child permission to attend and participate in the First Baptist Church Belen's Vacation Bible School. I hereby waive, release, and discharge any and all claims, demands, and causes of actions against the VBS officials, the First Baptist Church Belen, its employees/volunteers, and participants arising from any and all unlikely damages, property loss, or injury my child sustains at Vacation Bible School. I further consent to allow VBS officials to seek and obtain emergency treatment for my child in my absence, should my child need medical treatment. I further understand that Vacation Bible School officials will make every attempt to notify me of such action as soon as possible.

I, hereby, give First Baptist Church Belen permission to use video or photos of my child in publications, social media and on the ministry website. ____ Y ____ N

Parent/Guardian Signature (Required)

Date

Questions? Please contact the Church office at (505)864-8621