VBS REGISTRATION

Child's Name _____

Parent/Guardian Name _____

Address _____

_____

Phone Numbers

Home _____

Work _____

Cell _____

Email _____

Age Information
Birth Date _____

Last Grade Completed in School _____

Medical Information
Medical or other information we need to know. (Please include any food allergies.)

_____

_____

Emergency Contacts (other than listed above)
Name _____ Phone Number _____

Name _____ Phone Number _____

Dismissal Information
Who may pick up your child at the end of each VBS night? (You can list multiple people)

_____

Other Information
Do you attend church? - What is the name of your pastor?

_____

May we have permission to photograph your child? [Y / N]

May we have permission to use your child's photograph for the purposes of promotion? [Y / N]