



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]