

# VBS REGISTRATION FORM

**Child's Name****Parent/Guardian Name**

**Address** *(street address, city, state, and zip code)*

**Mailing Address** *(if different)*

**Contact Information**

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)

Names & Phone numbers

**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 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