

Registration Form

Child's Name: _____

Birth date: _____

Last grade completed in school: _____

Parent/Guardian Name: _____

Address: _____

Mailing address (if different): _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

E-mail: _____

Medical information

Medical or allergy information we need to know

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

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

Who MAY NOT pick up your child at the end of VBS?

Other Information

Do you attend Sunday School? If so, where?

If you are visiting our church, who are you a guest of?

May we have permission to photograph your child? YES NO

Parent/guardian signature _____

