



2018 VBS Registration Form

July 16 – 20 6 PM – 8 PM

Child's Name Parent/Guardian Name: _____ / _____

Address: _____

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

Mailing Address *(if different)*

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)

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 are they a guest of?

May we have permission to photograph your child? Yes No

May we have permission to use your child's photograph or video for the purpose of promotion? Yes No

