



REGISTRATION FORM

Registrant's Name: _____

Parent/Guardian Name: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Birthdate: _____ Age: _____ Grade completed as of June 1st: _____

Medical Information: Medical or other information we need to know (*please include food allergies and instructions for treatment*)

Emergency Contact Information

Name: _____ Phone #: _____

Name: _____ Phone #: _____

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

Name: _____

Does your child and/or you attend Sunday School?: _____

Is so, where? _____

If your child is visiting our church, who is he a guest of? _____

May we have permission to photograph your child and/or you? _____

May we have permission to use your child's and/or your photograph for the purpose of promotion? _____