



Class _____

Registration Form

Child's Name _____

Parent/Guardian Name _____

Address _____

(street address, city, state, zip)

Phone Numbers: Home _____ 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 # _____

Name _____ Phone # _____

Dismissal Information

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

Other Information

Does your child attend Church? If so, where?

If your child is visiting our church, who is he/she 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 ___

Siblings

Child's Name _____

Age Information: Birth Date _____ Last Grade Completed in School _____

Medical Information

Medical or other information we need to know. (Please include any food allergies) _____

Child's Name _____

Age Information: Birth Date _____ Last Grade Completed in School _____

Medical Information

Medical or other information we need to know. (Please include any food allergies) _____

Child's Name _____

Age Information: Birth Date _____ Last Grade Completed in School _____

Medical Information

Medical or other information we need to know. (Please include any food allergies) _____

Child's Name _____

Age Information: Birth Date _____ Last Grade Completed in School _____

Medical Information

Medical or other information we need to know. (Please include any food allergies) _____
