

2017 VBS Registration Form



Child's Name _____

Parent/Guardian Name _____

Address _____

Mailing Address (if different) _____

Phone Numbers

Home _____

Work _____ Mobile _____

E-mail _____

Age Information

Birth date _____ (Child must be 3 by VBS and potty trained)

Grade completed in 2017 _____

Medical Information

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

Emergency Contacts

Name _____ Phone number _____

Name _____ Phone number _____

Dismissal Information

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

Other Information

If you are visiting our church, who are you 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