

# 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