

VBS 2023 REGISTRATION FORM

Child's Name _____

Parent/Guardian Name _____

Address (street, city, Zip Code) _____

CONTACT INFORMATION (Parent(s) or Guardians)

Name . Number . Email _____

Name . Number . Email _____

Name . Number . Email _____

(indicate whether home/work/cell)

AGE INFORMATION

Age _____ Birth Date _____

Last Grade Completed if Applicable _____

MEDICAL INFORMATION

Please provide any information we may need to know, including food/animal allergies.

EMERGENCY CONTACT (other than listed above)

Name _____

Phone _____

Name _____

Phone _____

DISMISSAL INFORMATION

Please list those that are eligible to pick up the child and/or if there is anyone that is NOT to pick up child.

OTHER INFORMATION

Does the child attend Sunday School? If so, where?

May we have permission to photograph your child? YES NO

May we have permission to use your child's photo for the purpose of promotion? YES NO