



## 2014 VBS Registration Form

**Child's Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

(street address, city, state and zip code)

**Mailing Address (if different)** \_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Email** \_\_\_\_\_

**Age Information**

Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

**Medical & Allergy Information**

Medical or other information we may need to know

\_\_\_\_\_

Food Allergies

\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Dismissal Information**

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

**Other Information**

Do you attend Sunday School? If so where? \_\_\_\_\_

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 \_\_\_\_\_

Are you planning on attending our "Friday Family Night Dinner"? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_