



## VBS Registration Form: June 18-22, 9:00am – noon

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

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

**Address** \_\_\_\_\_  
*(street address, city, state, and zip code)*

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

### Contact Information

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

Cell \_\_\_\_\_

Email \_\_\_\_\_

**Age Information** Birth date \_\_\_\_\_ Last grade completed in school \_\_\_\_\_

**T-Shirt size** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts** (other than listed above)

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

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

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

\_\_\_\_\_

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 \_\_\_\_\_