



# VBS 2011

## June 20 - 24

### REGISTRATION FORM



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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

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

E-mail: \_\_\_\_\_

Siblings who will also be attending VBS \_\_\_\_\_

Age Information:

Birth date (for preschoolers) or last grade completed in school \_\_\_\_\_

Medical Information:

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

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

Emergency Contact:

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

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

Dismissal Information:

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

\_\_\_\_\_

Other Information:

Do you attend church? 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 in church publications for the purpose of promotion? \_\_\_ Yes \_\_\_ No

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