

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 _____ Grade entering in Fall 2017 _____

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?

Other Information

Does your child attend Sunday School? If so where?

If your child is visiting our church, who is he 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

