

Register me for VBS!

Child's name _____
Grade Completed _____
Birthday _____ Age _____
Parents' names _____
Home Address _____
Home phone _____
Alternate phone _____

Emergency contact person _____

Relationship to student _____

Home phone _____ Alternate phone _____

Food allergies (Y) (N) (List:) _____

Medical concerns (Y) (N) (Explain:) _____

Family doctor _____ Doctor's phone _____

Siblings attending VBS (names and ages) _____

Church affiliation _____ Church membership at _____

People who may pick up the child _____

Transportation needed? (Y) (N) Attendance 1 2 3 4 5

I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

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