

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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