



# Registration Form

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

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

Address \_\_\_\_\_  
\_\_\_\_\_

## Phone Numbers

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

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

## Age Information

Birth date \_\_\_\_\_

Last grade completed in school \_\_\_\_\_

## Medical Information

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

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

## Emergency Contacts

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

## Dismissal Information

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

\_\_\_\_\_

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 for the purpose of promotion? Yes No