

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

## 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

