

# Vacation Bible School Registration Form

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

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

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

**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.)

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**Emergency Contact:**

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

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

**Dismissal Information:**

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

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**Other Information:**

Do you attend Sunday School? If so where?

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If you are visiting our church, who are you a guest of?

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May we have permission to photograph your child?  Yes  No

May we have permission to use your child's photograph in church publications for the purpose of promotion?  Yes  No