

# VBS Registration Form JULY 15-19, 2018

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Phone Numbers for contact during VBS:

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contacts other than above:

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

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

Dismissal information: Who may pick up this child from VBS?

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Allergies/medical information/special concerns/other

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Friends of your child at this church \_\_\_\_\_

Home church \_\_\_\_\_

Do we have permission to photograph your child and post pictures without names attached?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Any Adults or Teen members of your family interested in volunteering as helpers? \_\_\_\_\_

**REGISTRATION FEE is \$15.** VBS time 6-8 (Dinner at 5:30 each night with free will donation)

Please fill out the form on the back if your child has special needs. \_\_\_\_\_

FOR CHURCH USE ONLY

Child's Group Assignment \_\_\_\_\_

Family member helping with program: \_\_\_\_\_ Where? \_\_\_\_\_