

Register me for

One form per child, please



Child's name _____

Grade completed _____

Birthday _____ Age _____

Parents' names _____

Home address _____

Alternate phone _____

Emergency contact person _____

Relationship to student _____

Home phone _____ Alternate phone _____

Food allergies Y _____ N _____ List: _____

Medical concerns Y _____ N _____ List: _____

Family doctor _____

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

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature