

# REGISTRATION FORM



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

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

Address \_\_\_\_\_

**Phone Numbers:**

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

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

**Age Information:**

Birth date (for preschoolers) or last grade completed in school

\_\_\_\_\_

**Medical Information:**

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

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

**Emergency Contact:**

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

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

**Dismissal Information:**

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

\_\_\_\_\_

**Other Information:**

Do you attend Sunday School? If so where?

\_\_\_\_\_

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 in church publications for the purpose of promotion? Yes No

T-shirt size \_\_\_\_\_

